

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 747793 (8)

1. Corporation Name

CASA CANAVERAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

300 MONROE AVE.  
CAPE CANAVERAL FL 32920

Mailing Address

1980 N. ATLANTIC AVE.  
STE. 701  
COCOA BEACH FL 32931



2. Principal Place of Business		2a. Mailing Address	
21		26	200 North First Street
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	Cocoa Beach, FL 32931
24	Zip	29	32931
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
06/25/1979	05/26/1995
4. FEI Number	Applied For
59-2561759	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVIS, PETEY  
1980 N. ATLANTIC AVENUE, #701  
COCOA BCH FL 32931

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BYRNER, PAUL	1.2 NAME	
STREET ADDRESS	435 BRIGHTWATERS DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA BCH. FL	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	
NAME	MAURER, BILL	2.2 NAME	
STREET ADDRESS	300 MONROE AVE, #23	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CANAVERAL FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	WOODELL, TONY	3.2 NAME	
STREET ADDRESS	300 MONROE AVE. #15	3.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CANAVERAL FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	
NAME	DAVIS, PETEY	4.2 NAME	
STREET ADDRESS	1705 SANDY CREEK	4.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	
NAME	BEASLEY, TOM	5.2 NAME	
STREET ADDRESS	300 MONROE AVE # 7	5.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CANAVERAL FL 32920	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	LUNDELL, ROGER	6.2 NAME	
STREET ADDRESS	300 MONROE AVE., #8	6.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CANAVERAL FL 32920	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (407) 784-2091

CR2E037 (12/95)