


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747793 (8)
1. Corporation Name
CASA CANAVERAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 300 MONROE AVE. CAPE CANAVERAL FL 32920	Mailing Address 200 NORTH FIRST STREET COCOA BEACH FL 32931 US
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3. Date Incorporated or Qualified 06/25/1979	
4. FEI Number 59-2561759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent DAVIS, PETEY 1980 N. ATLANTIC AVENUE, #701 COCOA BCH FL 32931	
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81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BYRNER, PAUL
STREET ADDRESS	435 BRIGHTWATERS DR
CITY-ST-ZIP	COCOA BCH. FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	HOWARD, MIKE
STREET ADDRESS	300 MONROE AVE., #10
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DAVIS, PETEY
STREET ADDRESS	1705 SANDY CREEK
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BEASLEY, TOM
STREET ADDRESS	300 MONROE AVE # 7
CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	D <input type="checkbox"/> DELETE
NAME	LUNDELL, ROGER
STREET ADDRESS	300 MONROE AVE., #8
CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bill Maurer
4.3 STREET ADDRESS	300 Monroe Ave #23
4.4 CITY-ST-ZIP	Cape Canaveral FL 32920
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Pete Davis Pete Davis 4/12/98 (907)784-2091

CR2E037 (10/97)