

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90261 020 ****61.25

DOCUMENT # 747793

1. Entity Name
CASA CANAVERAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**300 MONROE AVE.
CAPE CANAVERAL, FL 32920**

Mailing Address
**1980 N ATLANTIC AVE
701
COCOA BEACH, FL 32931 US**

BY: 2637



04172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2561759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DORNELLAS, SUSAN 1940 FARRINGTON DR. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWARD, MIKE 300 MONROE AVE., #10 CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, PETEY 1705 SANDY CREEK MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAURER, BILL 300 MONROE AVE, #23 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUNDELL, ROGER 300 MONROE AVE., #8 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05
Date

321-754-2091
Daytime Phone #