

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90006 007 ****61.25

40048634



01172007 Chg-NP CR2E037 (12/06)

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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				7. Name and Address of New Registered Agent	
DAVIS, PETEY 1980 N. ATLANTIC AVENUE, #701 COCOA BCH, FL 32931				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, SHARON			NAME	
STREET ADDRESS	7044 CREST LAKE DR			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, MIKE			NAME	
STREET ADDRESS	300 MONROE AVE., #10			STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL, FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PETEY			NAME	
STREET ADDRESS	1705 SANDY CREEK			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURER, BILL			NAME	
STREET ADDRESS	300 MONROE AVE, #23			STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDELL, ROGER			NAME	
STREET ADDRESS	300 MONROE AVE., #8			STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change - <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Pete Davis</u>				3/29/07 321-784-2091	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	