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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

750663

(7)

CANAVERAL VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED Feb 13 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 01/18/1980	d 3a. Date of Last F 01/29/19	
Principal Pl	ace of Business	2a. Mailing Address	240 - 44	4. FEI Number 59-2471115		pplied For
Cuita Ant i	H ato		WETEN AY TH	CM 58-247 11 10		ot Applicab
Suite, Apt i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & State	· . T	- Cjty,≰ State		- 6. Election Campaign Financing	\$5.00	May Be
11/2	PRITT-LISLADINO, 12	28 MERRITT	TSLAND FI			to Fees
Zip (324)	52 25 BOSA	Zip 29 30952	30 Country	This corporation has liability for Florida Statutes Name and Address of New I	Yes No	. 199.032,
	9. Name and Address of Curren	it negistered Agent	81 Name	70	Hegistered Agent	
HADTNE	tt, Joseph J			CAME		·····
280 MAF	•		82 Street	Address (P.O. Box Number is Not Accept	(able)	
	r Island, fl		63			
32952	,, , ,		84 City		- 85 Zip	Code
				SAME	<u> </u>	
 Pursuant t office or re 	o the provisions of Sections 617.050 egistered agent, or both, in the State	i2 and 617.1508, Florida Statute ⊢of Florida. Such change was a	es, the above-named authorized by the cord	corporation submits this statement for the poration's board of directors. I hereby acc	e purpose of changing l cept the appointment as	its registere registered
agent. I ar	n familiar with, and accept the obliga	ations of, Section 617.0503, Flo	rida Statutes.	poration's board of directors. I hereby acc		
SNATURE _						
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	Signature, typed or printed name of registered age OFFICERS AN		Registered Agent signature		DATE FICERS AND DIRECTO	RS IN 12
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4. I do 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 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 of 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

MONATURE NO TYPED OF FRINTED NAME OF SIGNING OFFICER O

MACTINETY Date

10/97 6/13 Daylime Prone # 00200