

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90001 028 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 750663

1. Entity Name
CANAVERAL VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2700 S. COVRTENAY PKWY MERRITT ISLAND FL 32952 US	Mailing Address 2700 S. COVRTENAY PKWY MERRITT ISLAND FL 32952 US
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2. Principal Place of Business 2700 S. COVRTENAY PKWY Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-2471115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTNETT, JOSEPH J
 2700 COURTENAY PKWY
 MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

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.

SIGNATURE J. J. HARTNETT PRES. 1/2/01
 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE SD	NAME HARTNETT, FLORENCE A	<input type="checkbox"/> Delete
STREET ADDRESS 2700 S. COURTENAY PKWY	CITY-ST-ZIP MERRITT ISLAND, FL 00000	
TITLE VD	NAME HARTNETT, JEFFREY T	<input type="checkbox"/> Delete
STREET ADDRESS 2700 S. COURTENAY PKWY	CITY-ST-ZIP MERRITT ISLAND, FL 00000	
TITLE PTD	NAME HARTNETT, JOSEPH J	<input type="checkbox"/> Delete
STREET ADDRESS 2700 S. COURTENAY PKWY	CITY-ST-ZIP MERRITT ISLAND, FL 00000	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: J. J. HARTNETT 1/2/01 321 452 4316
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)