

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90040 016 \*\*\*\*61.25

**DOCUMENT # 750663**

1. Entity Name

**CANAVERAL VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

374 JEFFERSON AVE  
CAPE CANAVERAL FL 32920  
US

Mailing Address

2700 S. COURTENAY PKWY  
MERRITT ISLAND FL 32952  
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

59-2471115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTNETT, JOSEPH J  
2700 COURTENAY PKWY  
MERRITT ISLAND FL 32952

Name

Jeffrey T. Hartnett

Street Address (P.O. Box Number is Not Acceptable)

2700 S. Courtenay Pkwy

City

Merritt Island

FL

Zip Code

32952

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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: SD ☐ Delete  
NAME: HARTNETT, FLORENCE A  
STREET ADDRESS: 2700 S. COURTENAY PKWY  
CITY-STATE-ZIP: MERRITT ISLAND, FL 00000

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: VD ☐ Delete  
NAME: HARTNETT, JEFFREY T  
STREET ADDRESS: 2700 S. COURTENAY PKWY  
CITY-STATE-ZIP: MERRITT ISLAND, FL 00000

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: PTD ☒ Delete  
NAME: HARTNETT, JOSEPH J  
STREET ADDRESS: 2700 S. COURTENAY PKWY  
CITY-STATE-ZIP: MERRITT ISLAND, FL 00000

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
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STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Delete  
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CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #