

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90303 038 ****61.25

DOCUMENT # **750663**

1. Entity Name
CANAVERAL VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2700 S. CONRTENAY PKWY
MERRITT ISLAND FL 32952
US**

Mailing Address
**2700 S. CONRTENAY PKWY
MERRITT ISLAND FL 32952
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

3145 JEFFERSON AVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CAPE CANAVERAL, FL

4. FEI Number **59-2471115**

Applied For

Not Applicable

Zip

Country

Zip

Country

32920

USA

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
MERRITTI ISLAND FL 32952**

Name

N/A

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/03

FILE NOW: FEE IS \$61.25

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

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

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:

[Handwritten Signature]

1/26/03 321 457-4316

CR2E037 (10/02)