FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **751256** **(9)**

1. Corporation Name

CANAVERAL SANDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8500 RIDGEWOOD AVENUE P.O. BOX 1303 CAPE CANAVERAL FL 32920	8500 RIDGEWOOD AVENUE P.O. BOX 1303 CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified: 02/26/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2226215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, PETEY
1980 N ATLANTIC AVE
STE 701
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☒ DELETE	11 TITLE	D V.P.	☐ Change ☒ Addition
NAME	HELLER, PHILLIP		12 NAME	Ed Smally	
STREET ADDRESS	8498 RIDGEWOOD AVE #2502		13 STREET ADDRESS	8500 Ridgewood #506	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		14 CITY-ST-ZIP	C.C.	
TITLE	PD	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	VARNI, GERRY		22 NAME		
STREET ADDRESS	26 AZELA ST		23 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MCKENZIE, MARY		32 NAME		
STREET ADDRESS	8498 RIDGEWOOD AVE #2302		33 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE	D Pres.	☐ Change ☐ Addition
NAME	ERNST, MARY		42 NAME		
STREET ADDRESS	8494 RIDGEWOOD AVE 4305		43 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL		44 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	HALL, MARY		52 NAME		
STREET ADDRESS	8500 RIDGEWOOD AVE #1106		53 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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: Mary T. Hall MARY T. HALL 4/30/96 (407) 784-2091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #