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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751256

1. Corporation Name
CANAVERAL SANDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1980 N. ATLANTIC AVE. 701 COCOA BEACH F 32931 US	1980 N. ATLANTIC AVE. 701 COCOA BEACH FL 32931 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/26/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2226215 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIS, PETEY 1980 N ATLANTIC AVE STE 701 COCOA BEACH FL 32931	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	DVP	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SMALLY, ED		1.2 NAME	McKenzie, Mary	
STREET ADDRESS	8500 RIDGEWOOD #506		1.3 STREET ADDRESS	8498 Ridgewood Ave #2302	
CITY-ST-ZIP	CAPE CANAVERAL FL		1.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920	
TITLE	SD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	MCKENZIE, MARY		2.2 NAME	~~Ernst, Mary~~	
STREET ADDRESS	8498 RIDGEWOOD AVE #2302		2.3 STREET ADDRESS	~~8494 Ridgewood Ave., # 4305~~	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		2.4 CITY-ST-ZIP	~~Cape Canaveral, FL. 32920~~	
TITLE	DP	☒ DELETE	3.1 TITLE	DS	☐ Change ☒ Addition
NAME	ERNST, MARY		3.2 NAME	Carol Mantone	
STREET ADDRESS	8494 RIDGEWOOD AVE 4305		3.3 STREET ADDRESS	8498 Ridgewood Ave #2302	
CITY-ST-ZIP	CAPE CANAVERAL FL		3.4 CITY-ST-ZIP	Cape Canaveral FL 32920	
TITLE	DT	☒ DELETE	4.1 TITLE	D Linda Henning	☐ Change ☒ Addition
NAME	HALL, MARY		4.2 NAME	8500 Ridgewood Ave #504	
STREET ADDRESS	8500 RIDGEWOOD AVE #1106		4.3 STREET ADDRESS	Cape Canaveral, FL 32920	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	Paul Nurley	☐ Change ☒ Addition
NAME	SHRUAT, PEGGY SUE		5.2 NAME	8496 Ridgewood Ave # 3501	
STREET ADDRESS	8944 RIDGEWOOD AVENUE #4304		5.3 STREET ADDRESS	Cape Canaveral, FL 32920	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ (407)784-2091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)