

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90604 036 ****61.25

DOCUMENT # 751256

1. Entity Name

CANAVERAL SANDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1980 N. ATLANTIC AVE.
 701
 COCOA BEACH F 32931
 US

Mailing Address

1980 N. ATLANTIC AVE.
 701
 COCOA BEACH FL 32931
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2226215

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **SMALLY, ED**
 STREET ADDRESS **8500 RIDGEWOOD #506**
 CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **VICKERS, RICHARD**
 STREET ADDRESS **805 GASEON PL**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **HENNIG, LINDA**
 STREET ADDRESS **8500 RIDGEWOOD AVE #504**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Change ☒ Addition
 NAME **Morris, Tony**
 STREET ADDRESS **8500 Ridgewood Ave #202**
 CITY-ST-ZIP **Cape Canaveral Fl 32929**

TITLE **S** ☐ Delete
 NAME **HURLEY, PAUL**
 STREET ADDRESS **8496 RIDGEWOOD AVE #3501**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Change ☒ Addition
 NAME **Morris, Joyce**
 STREET ADDRESS **8496 Ridgewood Ave #3301**
 CITY-ST-ZIP **Cape Canaveral Fl 32920**

TITLE **D** ☐ Delete
 NAME **JONES, KIPPY**
 STREET ADDRESS **1672 WATERWICH DR**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☒ Change ☐ Addition
 NAME **DVP**
 STREET ADDRESS **Jones, Kippy**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Hurley, Paul**
 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:

EDWARD SMALLY, PRESIDENT

21 March 2002 784-8781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0013954