# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 24, 2004 8:00 am**
**Secretary of State**
02-24-2004 90022 045 ****61.25

DOCUMENT # 751256

1. Entity Name

CANAVERAL SANDS CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1980 N. ATLANTIC AVE.<br>701<br>COCOA BEACH F 32931<br>US | 1980 N. ATLANTIC AVE.<br>701<br>COCOA BEACH FL 32931<br>US |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8494-96-98-8500 RIDGEWOOD | Canaveral Sands |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. c/o Reconcilable Differences, Inc |
| City & State: Cape Canaveral | City & State: 109 Long Point Rd Cape Canaveral |
| Zip: 32920 Country: USA | Zip: 32920 Country: USA |

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, PETE~~ DUGAN, MICHELLE<br>1980 N ATLANTIC AVE Reconcilable Differen<br>STE 701<br>COCOA BEACH FL 32931 | Name: Michelle Dugan<br>Street Address (P.O. Box Number is Not Acceptable): c/o Reconcilable Differences, Inc<br>109 Long Point Rd.<br>City: Cape Canaveral FL Zip Code: 32920 |

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: Michelle Dugan 2-9-04

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 Due By May 1, 2004**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SMALLY, ED<br>8500 RIDGEWOOD #506<br>CAPE CANAVERAL FL 32920 | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>~~BEAUMONTH~~, JERROLD<br>8494 RIDGEWOOD AVE #4201<br>CAPE CANAVERAL FL 32920 | ☐ Delete | ☐ Change ☐ Addition | BEAUMONT |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HURLEY, PAUL<br>8496 RIDGEWOOD AVE #3501<br>CAPE CANAVERAL FL 32920 | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JONES, KIPPY<br>1672 WATERWICH DR<br>ORLANDO FL 32806 | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DECK, JEAN<br>~~8404~~ RIDGEWOOD AVE #4205<br>CAPE CANAVERAL FL 32920 | ☐ Delete | ☒ Change ☐ Addition | 8494 Ridgewood Ave #4205 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |

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:** Ed Smally 2/10/04 321-799-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #