
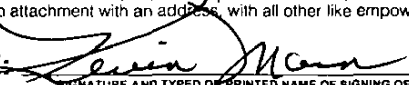


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90041 031 ****61.25

| | | | | | |
|--|------------------------------|---|---|--|--|
| DOCUMENT # 756874 1. Entity Name CANAVERAL STORAGE CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 301 IMPERIAL DRIVE P.O. BOX 403 CAPE CANAVERAL, FL 32920-4212 | | | Mailing Address 301 IMPERIAL DRIVE P.O. BOX 403 CAPE CANAVERAL, FL 32920-4212 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2548228 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| RIGERMAN, MARILYN A. 200 NORTH FIRST STREET COCOA BEACH, FL 32931 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KINDL, DOLORES | | NAME | | |
| STREET ADDRESS | 190 PINELLAS LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA BEACH, FL | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DRISKELL, V. | | NAME | | |
| STREET ADDRESS | 17 DANUBE RIVER DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA BEACH, FL | | CITY-ST-ZIP | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MUNN, KERIN | | NAME | Kevin Mann | |
| STREET ADDRESS | 6770 RIDGEWOOD 805 | | STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | | Kevin Mann | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 5-26-08 | | |