

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 005 ****61.25

DOCUMENT # 760030

1. Entity Name

CANAVERAL CIRCLE CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business

8416 CANAVERAL BLVD. APT. C202
A202
CAPE CANAVERAL FL 32920

Mailing Address

110 POLK AVE
4
CAPE CANAVERAL FL 32920



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2388162

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

STUDHOLME, LESLEY
110 POLK AVE
4
CAPE CANAVERAL FL 32920

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006

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 DVP
NAME KATSOTIS, SUSAN ☐ Delete
STREET ADDRESS 8416 CANAVERAL BLVD # A101
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE D ☒ Change ☐ Addition
NAME Katsotis, Susan
STREET ADDRESS 8416 Canaveral Blvd. A101
CITY-ST-ZIP Cape Canaveral, FL 32920

TITLE D ☒ Delete
NAME CONNOR, SUZANNE
STREET ADDRESS 8516 CANAVERAL BLVD # A202
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE DPT ☐ Change ☒ Addition
NAME Connor, Christopher
STREET ADDRESS 8416 Canaveral Blvd. A202
CITY-ST-ZIP Cape Canaveral, FL 32920

TITLE D ☒ Delete
NAME HOFELDT, ALBERT J. DR
STREET ADDRESS 945 LEXINGTON AVE
CITY-ST-ZIP NEW YORK NY 10021

TITLE D ☐ Change ☒ Addition
NAME Carter, Jack
STREET ADDRESS 8416 Canaveral Blvd. A202
CITY-ST-ZIP Cape Canaveral, FL 32920

TITLE D ☐ Delete
NAME REED, SYLVIA G.
STREET ADDRESS P.O. BOX 09864
CITY-ST-ZIP COLUMBUS OH 43209-0864

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

TITLE D ☐ Delete
NAME SELTMANN, ROBERT R. JR.
STREET ADDRESS P.O. BOX 3195
CITY-ST-ZIP HONOLULU HI 96801

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

TITLE DPT ☐ Delete
NAME BARCLAY, BRUCE
STREET ADDRESS 8416 CANAVERAL BLVD., #C202
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE D ☒ Change ☐ Addition
NAME Barclay, Bruce
STREET ADDRESS 8416 Canaveral Blvd. #C202
CITY-ST-ZIP Cape Canaveral, FL 32920

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]