


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90081 014 ****61.25

DOCUMENT # 760030 1. Entity Name CANAVERAL CIRCLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8416 CANAVERAL BLVD. CAPE CANAVERAL, FL 32920			Mailing Address 8416 CANAVERAL BLVD. CAPE CANAVERAL, FL 32920		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2388162	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STUDHOLME, LESLEY 110 POLK AVE # 4 CAPE CANAVERAL, FL 32920				7. Name and Address of New Registered Agent Name Connor, Christopher Street Address (P.O. Box Number is Not Acceptable) 8416 Canaveral Blvd., #A202 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 <u><i>Christopher J Connor</i></u> CHRISTOPHER J CONNOR PRESIDENT 2/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D KATSOTIS, SUSAN 8416 CANAVERAL BLVD # A101 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CONNER, CHRISTOPHER 8416 CANAVERAL BLVD., #A202 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JACK 8416 CANAVERAL BLVD., A202 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, SYLVIA G. P.O. BOX 09864 COLUMBUS, OH 432090864	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELTMAN, ROBERT R. JR. P.O. BOX 3195 HONOLULU, HI 96801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCLAY, BRUCE 8416 CANAVERAL BLVD., #C202 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Connor, Christopher				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shuman, Walter 8416 Canaveral Blvd., #B101				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Christopher J Connor</i></u> CHRISTOPHER J CONNOR PRES 2/20/07 (321) 784-2124 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					