

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760030

FILED  
Feb 28, 2009  
Secretary of State

**Entity Name:** CANAVERAL CIRCLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8416 CANAVERAL BLVD.  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

8416 CANAVERAL BLVD.  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 59-2388162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONNOR, CHRISTOPHER  
8416 CANAVERAL BLVD  
#A 202  
CAPE CANAVERAL, FL 32920 US

**Name and Address of New Registered Agent:**

CONNOR, CHRISTOPHER  
8416 CANAVERAL BLVD  
#A202  
CAPE CANAVERAL, FL 32920 US

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:

02/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KATSOTIS, SUSAN  
Address: 8416 CANAVERAL BLVD # A101  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DPT ( ) Delete  
Name: CONNOR, CHRISTOPHER  
Address: 8416 CANAVERAL BLVD., #A202  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DVP ( ) Delete  
Name: SHUMAN, WALTER  
Address: 8416 CANAVERAL BLVD, #B 101  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: REED, SYLVIA G  
Address: 2700 EAST MAIN STREET, SUITE #1  
City-St-Zip: BEKLEY, OH 43209

Title: D ( ) Delete  
Name: SELTMANN, ROBERT R., JR.  
Address: P.O. BOX 3195  
City-St-Zip: HONOLULU, HI 96801

Title: D ( ) Delete  
Name: BARCLAY, BRUCE  
Address: 5185 FALCON BLVD.  
City-St-Zip: COCOA, FL 32927

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KATSOTIS, SUSAN  
Address: 8416 CANAVERAL BLVD #A101  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: SHUMAN, WALTER  
Address: 8416 CANAVERAL BLVD, #B101  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D (X) Change ( ) Addition  
Name: LANTZ, DAVID R  
Address: P. O. BOX 619  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER CONNOR

DPT

02/28/2009

Electronic Signature of Signing Officer or Director

Date