

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760030

FILED  
Feb 05, 2011  
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 J  
8416 CANAVERAL BLVD  
#A202  
CAPE CANAVERAL, FL 32920 US

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

CONNOR, CHRISTOPHER J  
8416 CANAVERAL BLVD APT 202A  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/05/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KATSOTIS, SUSAN  
Address: 8416 CANAVERAL BLVD APT 101A  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DPT  
Name: CONNOR, CHRISTOPHER  
Address: 8416 CANAVERAL BLVD APT 202A  
City-St-Zip: CAPE CANAVERAL, FL 32920

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

Title: D  
Name: SNODGRASS, THOMAS  
Address: 8416 CANAVERAL BLVD APT 101C  
City-St-Zip: CAPE CANAVERAL, FL 32920

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

Title: D  
Name: BARCLAY, BRUCE  
Address: 8416 CANAVERAL BLVD APT 202C  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER J. CONNOR

DPT

02/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date