

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90088 030 ****61.25

DOCUMENT # 767128	
1. Entity Name CANEBREAKERS CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 100 CANE BREAKERS DR. #213 COCOA, FL 32927	Mailing Address 100 CANE BREAKERS DR. #213 COCOA, FL 32927
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50011021



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2954518	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHAW, SAMUEL C. 100 CANEBREAKERS DR #203 COCOA, FL 32927		Name Street Address (P.O. Box Number is Not Acceptable) 100 CANEBREAKERS DR #105 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 <i>William C Butcher</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 2-01-05 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, SAMUEL C. 100 CANEBREAKER DR. #203 COCOA, FL 32927 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres William Butcher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Canebreakers Dr. #105 Cocoa, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, ANNA 100 CANEBREAKER DR, #210 COCOA, FL 32927 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Duke Vansweden <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Canebreakers Dr. #101 Cocoa, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERRY, THAD A 100 CANEBREAKERS DRIVE #208 COCOA, FL 32927 <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	S VANSWEDEN, NANCY Anna Adams 100 CANEBREAKERS 100 Canebreakers COCOA, FL 32927 Dr. #101 <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 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 type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <i>William C Butcher</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 2-01-05 Date	DAYTIME PHONE: 863-6078 Daytime Phone #
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