

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90076 014 ****61.25

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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		
2. Principal Place of Business 100 Canebreakers Dr		3. Mailing Address 100 Canebreakers Dr			
Suite, Apt. #, etc. #108		Suite, Apt. #, etc. #108			
City & State Cocoa FL		City & State Cocoa, FL			
Zip 32927		Country USA		Zip 32927	
Country USA		4. FEI Number 59-2954518			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHAW, SAMUEL C. 100 CANEBREAKERS DR #105 COCOA, FL 32927				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD BUTCHER, WILLIAM 100 CANEBREAKERS DRIVE #105 COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANSWEDEN, DUKE 100 CANEBREAKERS DRIVE #101 COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Canebreakers Drive, #108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERRY, THAD A 100 CANEBREAKERS DRIVE #208 COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Robertson Steve 100 Canebreakers #212 Cocoa, FL 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, ANNA 100 CANEBREAKERS DRIVE #101 COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Henderson, Ray 100 canebreakers, #108 Cocoa, FL 32927	
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 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, without other like empowered.					
SIGNATURE:			3/28/06 321-636-5228		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		