


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90049 003 ****61.25

DOCUMENT # 767128 1. Entity Name CANEBREAKERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business X 100 CANEBREAKERS DR. #108 COCOA, FL 32927			Mailing Address 100 CANEBREAKERS DR. #108 COCOA, FL 32927		
2. Principal Place of Business - No P.O. Box # 100 Canebreakers Drive			3. Mailing Address 2625 N. Harbor City Blvd		
Suite, Apt. #, etc. —			Suite, Apt. #, etc. # 2		
City & State Cocoa, Fla			City & State Melbourne FL		
Zip 32927			Zip 32935		
Country USA			Country USA		
4. FEI Number 59-2954518			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
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 William Butcher Street Address (P.O. Box Number is Not Acceptable) 90 Platinum Coast Management 2625 N. Harbor City Blvd # 2 City Melbourne FL Zip Code 32935		
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>William Butcher</i></u> 1-22-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PD BUTCHER, WILLIAM 100 CANEBREAKERS DRIVE #105 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	VD VANSWEDEN, DUKE 100 CANEBREAKERS DR #108 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	T ROBERTSON, STEVE 100 CANEBREAKERS #212 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 HENDERSON, RAY 100 CANEBREAKERS DR #107 COCOA, FL 32927	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Julie Taylor 100 Canebreakers Drive #204 Cocoa FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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, with all other like empowered.					
SIGNATURE: <u><i>William C. Butcher</i></u> 1-22-07 321-865-0078 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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