


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90074 006 ****61.25

DOCUMENT # 769451
 1. Entity Name
CANAVERAL BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 P.O. BOX 754
 CAPE CANAVERAL, FL 32920

Mailing Address
 P.O. BOX 754
 CAPE CANAVERAL, FL 32920

40007871



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-2818395

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RIGERMAN, MARVIN A
 200 N FIRST STREET
 COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/S	<input type="checkbox"/> Delete
NAME	VEENSTRA, KEN	
STREET ADDRESS	200 INTERNATIONAL DR., #702	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORZINE, DEBORAH	
STREET ADDRESS	200 INTERNATIONAL DR#605	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	BALL, JEFF	
STREET ADDRESS	200 INTERNATIONAL DR., #208	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD, STACEY	
STREET ADDRESS	200 INTERNATIONAL DR., #411	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ken Veenstra* **1.15.08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #