

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90218 004 ****61.25

DOCUMENT # N01000006293

1. Entity Name

WEST CANAVERAL GROVES HOMEOWNERS, INC.



Principal Place of Business

POST OFFICE BOX 238371
COCOA FL 32926

Mailing Address

6668 BRECKENRIDGE AVENUE
COCOA FL 32926



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1370 SATELLITE BLVD

1st MOORE

CR2E037 (10/05)

City & State

City & State

COCOA, FL

4. FEI Number

31-1807104

Applied For

Not Applicable

Zip

Country

Zip

Country

32926

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HECKART, DOUGLAS C
6668 BRECKENRIDGE AVENUE
COCOA FL 32926

7. Name and Address of New Registered Agent

Name **EDWARD MASHINTONIO**
Street Address (P.O. Box Number is Not Acceptable)
6719 BRECKINRIDGE

City **COCOA**

FL

Zip Code **32926**

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

Edward Mashintonio

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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** ☒ Delete
NAME **HECKART, DOUGLAS C**
STREET ADDRESS **6668 BRECKENRIDGE AVE.**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **VP** ☐ Delete
NAME **MASHINTONIO, JOHN**
STREET ADDRESS **6719 BRECKENRIDGE AVENUE**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **S** ☒ Delete
NAME **EYMAN, TAMI**
STREET ADDRESS **6912 BEAR TRAIL**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **T** ☐ Delete
NAME **BENELL, MARY**
STREET ADDRESS **1370 SATELLITE BLVD**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **TAMI, EYMAN**
STREET ADDRESS **6912 BEAR TRAIL**
CITY-ST-ZIP **COCOA, FL. 32926**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **DAN PATELLIS**
STREET ADDRESS **1890 SATELLITE BLVD**
CITY-ST-ZIP **COCOA, FL. 32926**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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: **MARY BENELL** *Mary Benell* **4-15-06 321-635-8556**