


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000004050 1. Entity Name CANAVERAL GROVES HOMEOWNERS, INC.	
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Principal Place of Business PO BOX 675 SHARPES, FL 32959	Mailing Address PO BOX 675 SHARPES, FL 32959
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07142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2174643	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 CANNON, WILLIAM E 4645 PINE ST. COCOA, FL 32926

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANNON, WILLIAM E 4645 PINE ST. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MADDEN, JANET 3335 GREENVILLE ST COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOLOCURIS, DOROTHY 3608 BRYCE ST. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/19/07-80009-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Dorothy Kolocuris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Dorothy Kolocuris, Treasurer 7-16-07 (321)-633-996