

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000010278

1. Entity Name
CANAVERAL WOODS CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
8719 CLARA ELIZABETH LN
CAPE CANAVERAL, FL 32920

Mailing Address
8719 CLARA ELIZABETH LN
CAPE CANAVERAL, FL 32920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172006

Chg-NP

CR2E037 (11/05)

4. FEI Number
20-1112763

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VATNE, JAMES A
8730 CLARA ELIZABETH LN
CAPE CANAVERAL, FL 32920

7. Name and Address of New Registered Agent

Name Keldor R. Inc., Karen Gunn-Bardot
Street Address (P.O. Box Number is Not Acceptable) DBA Showcase Properties
204 W. Cocoa Beach Cswy
City Cocoa Beach FL 32931

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

Amended AR is \$61.25

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 PRES
NAME SMITH, RYAN
STREET ADDRESS 8737 CLARA ELIZABETH LN
CITY-ST-ZIP CAPE CANAVERAL, FL 32920 ☐ Delete

TITLE VP
NAME HILB, GEORGENE
STREET ADDRESS 8741 CLARA ELIZABETH LN
CITY-ST-ZIP CAPE CANAVERAL, FL 32920 ☐ Delete

TITLE TREA
NAME VATNE, JAMES A
STREET ADDRESS 8730 CLARA ELIZABETH LN
CITY-ST-ZIP CAPE CANAVERAL, FL 32920 ☐ Delete

TITLE SECR
NAME COLEMAN, SHANNON
STREET ADDRESS 8732 CLARA ELIZABETH LN
CITY-ST-ZIP CAPE CANAVERAL, FL 32920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 APR 13 PM 1:41

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

