

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90011 003 \*\*\*\*61.25

<b>DOCUMENT # N03000010278</b>					
<b>1. Entity Name</b> CANAVERAL WOODS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8719 CLARA ELIZABETH LN CAPE CANAVERAL, FL 32920			<b>Mailing Address</b> 204 W COCOA BEACH CSWY COCOA BEACH, FL 32931		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>4. FEI Number</b> 20-1112763					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> KELDORFF, INC. 204 W COCOA BEACH CSWY COCOA BEACH, FL 32931					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP	<b>NAME</b> HILB, GEORGENE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Name
<b>STREET ADDRESS</b> 8741 CLARA ELIZABETH LN	CAPE CANAVERAL, FL 32920		<b>STREET ADDRESS</b> 501 Harbor Drive	Cape Canaveral FL 32920	
<b>CITY-ST-ZIP</b>	CAPE CANAVERAL, FL 32920		<b>CITY-ST-ZIP</b>	Cape Canaveral FL 32920	
<b>TITLE</b> TREA	<b>NAME</b> VATNE, JAMES A	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Name
<b>STREET ADDRESS</b> 8730 CLARA ELIZABETH LN	CAPE CANAVERAL, FL 32920		<b>STREET ADDRESS</b> 8747 Clara Elizabeth Ln.	Cape Canaveral FL 32920	
<b>CITY-ST-ZIP</b>	CAPE CANAVERAL, FL 32920		<b>CITY-ST-ZIP</b>	Cape Canaveral FL 32920	
<b>TITLE</b> SECR	<b>NAME</b> COLEMAN, SHANNON	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Name
<b>STREET ADDRESS</b> 8732 CLARA ELIZABETH LN	CAPE CANAVERAL, FL 32920		<b>STREET ADDRESS</b>	Name	
<b>CITY-ST-ZIP</b>	CAPE CANAVERAL, FL 32920		<b>CITY-ST-ZIP</b>	Name	
<b>TITLE</b> D	<b>NAME</b> GROSS, JASON	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Name
<b>STREET ADDRESS</b> 8727 CLARA ELIZABETH LN	CAPE CANAVERAL, FL 32920		<b>STREET ADDRESS</b>	Name	
<b>CITY-ST-ZIP</b>	CAPE CANAVERAL, FL 32920		<b>CITY-ST-ZIP</b>	Name	
<b>TITLE</b> D	<b>NAME</b> BELL, KATHLEEN	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Name
<b>STREET ADDRESS</b> 8717 CLARA ELIZABETH LN	CAPE CANAVERAL, FL 32920		<b>STREET ADDRESS</b>	Name	
<b>CITY-ST-ZIP</b>	CAPE CANAVERAL, FL 32920		<b>CITY-ST-ZIP</b>	Name	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Name
<b>NAME</b>	Name		<b>NAME</b>	Name	
<b>STREET ADDRESS</b>	Name		<b>STREET ADDRESS</b>	Name	
<b>CITY-ST-ZIP</b>	Name		<b>CITY-ST-ZIP</b>	Name	
<b>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.</b>					
<b>SIGNATURE:</b> <b>5/1/08</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					