

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000000521 (2)**

1. Corporation Name

CANAVERAL GROVES HOMEOWNERS INC.

Principal Place of Business

Mailing Address

P.O. BOX 675
SHARPES FL 32959P.O. BOX 675
SHARPES FL 32959-06753. Date Incorporated or Qualified
01/26/19963a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STADNIK, JOSEPH
3422 ANGELICA STREET
COCOA FL 32928-3658**

B1 Name

FRANCIS J. COSTELLO

B2 Street Address (P.O. Box Number is Not Acceptable)

5025 ARECA PALM ST.

B3

B4 City

COCOA,**FL**B5 Zip Code
32927

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

FRANCIS J. COSTELLO, President

(NOTE: Registered Agent signature required when reinstating)

DATE

03-27-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STADNIK, JOSEPH	
STREET ADDRESS	3422 ANGELICA ST.	
CITY-ST-ZIP	COCOA FL 32928	

1.1 TITLE	PD	Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COSTELLO, FRANCIS J.	
1.3 STREET ADDRESS	5025 ARECA PALM ST.	
1.4 CITY-ST-ZIP	COCOA, FL 32927-2035	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GARRETSON, DON	
STREET ADDRESS	4975 CITRUS BLVD.	
CITY-ST-ZIP	COCOA FL 32928	

2.1 TITLE	VD	Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DENSON, TOM	
2.3 STREET ADDRESS	5035 PINE ST.	
2.4 CITY-ST-ZIP	COCOA, FL 32927	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, KEN	
STREET ADDRESS	5360 FLORIDA PALM AVE.	
CITY-ST-ZIP	COCOA FL 32927	

3.1 TITLE	SD	Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KOKOSZKA, DEANNA	
3.3 STREET ADDRESS	5520 PINE ST.	
3.4 CITY-ST-ZIP	COCOA, FL 32927	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	VONA, PAUL	
STREET ADDRESS	3730 DETROIT ST.	
CITY-ST-ZIP	COCOA FL 32928	

4.1 TITLE	TD	Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GILES, LINDA	
4.3 STREET ADDRESS	2533 MEADOW LANE	
4.4 CITY-ST-ZIP	COCOA, FL. 32926	

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

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

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

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020399

CR2E037 (9/96)