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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000521 (2)**

1. Corporation Name

CANAVERAL GROVES HOMEOWNERS INC.



Principal Place of Business P.O. BOX 675 SHARPES FL 32859	Mailing Address P.O. BOX 675 SHARPES FL 32859
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/26/1996
4. FEI Number 59-2174643
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent STADNIK, JOSEPH 3422 ANGELICA STREET COCOA FL 32926-3658
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10. Name and Address of New Registered Agent 81 Name MARY N. KISNER 82 Street Address (P.O. Box Number is Not Acceptable) 4685 PAPAYA ST. 83 84 City COCOA FL 85 Zip Code 32926

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 Mary N. Kisner, President **MARY N. KISNER** **4/29/98**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	COSTELLO, FRANCIS J
STREET ADDRESS	5025 ARECA PALM ST
CITY-ST-ZIP	COCOA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	DENSON, TOM
STREET ADDRESS	5035 PINE ST
CITY-ST-ZIP	COCOA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	KOKOSZKA, DEANNA
STREET ADDRESS	5520 PINE ST
CITY-ST-ZIP	COCOA FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	GILES, LINDA
STREET ADDRESS	2533 MEADOW LANE
CITY-ST-ZIP	COCOA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY N. KISNER
1.3 STREET ADDRESS	4685 PAPAYA ST.
1.4 CITY-ST-ZIP	COCOA, FL 32926
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT SCORAH
2.3 STREET ADDRESS	5050 CANGRO ST.
2.4 CITY-ST-ZIP	COCOA, FL 32926
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KEN WOODS
3.3 STREET ADDRESS	5360 FLORIDA PALM AVE.
3.4 CITY-ST-ZIP	COCOA, FL 32927
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PAUL VONA
4.3 STREET ADDRESS	3730 DETROIT ST.
4.4 CITY-ST-ZIP	COCOA, FL 32926
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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: MARY N. KISNER **MARY N. KISNER** **4/14/98** **407-635-8475**

CR2E037 (10/97)