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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90027 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000521

1. Corporation Name

CANAVERAL GROVES HOMEOWNERS INC.

Principal Place of Business

P.O. BOX 675
SHARPES FL 32959

Mailing Address

P.O. BOX 675
SHARPES FL 32959



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/26/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2174643	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

KISNER, MARY N
4685 PAPAYA STREET
COCOA FL 32926

81 Name

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

83

84 City

FL

85 Zip Code

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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KISNER, MARY N	1.2 NAME	
STREET ADDRESS	4685 PAPAYA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	SCORAH, ROBERT	2.2 NAME	JEANNENADLE
STREET ADDRESS	5050 CANGRO STREET	2.3 STREET ADDRESS	4250 PINE ST.
CITY-ST-ZIP	COCOA FL 32926	2.4 CITY-ST-ZIP	COCOA, FL 32926
TITLE	SD	3.1 TITLE	SD
NAME	WOODS, KEN	3.2 NAME	I. CENTI THOMSON
STREET ADDRESS	5360 FLORIDA PALM AVENUE	3.3 STREET ADDRESS	4330 PEPPERTREE ST.
CITY-ST-ZIP	COCOA FL 32927	3.4 CITY-ST-ZIP	COCOA, FL 32926
TITLE	TD	4.1 TITLE	TD
NAME	VONA, PAUL	4.2 NAME	RICHARD HUNTER
STREET ADDRESS	3730 DETROIT STREET	4.3 STREET ADDRESS	5270 SHADWELL AVE
CITY-ST-ZIP	COCOA FL 32926	4.4 CITY-ST-ZIP	COCOA, FL 32926
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Mary N. Kisner* SIGNATURE: *MARY N. KISNER* 4/1/99 407-635-8475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0021036

1-CR2E037 (11/98)