

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000521

1. Entity Name

CANAVERAL GROVES HOMEOWNERS INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90123 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 675  
SHARPES FL 32959

P.O. BOX 675  
SHARPES FL 32959-0675

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2174643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KISNER, MARY N  
4685 PAPAYA STREET  
COCOA FL 32926

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME KISNER, MARY N  
STREET ADDRESS 4685 PAPAYA STREET  
CITY-ST-ZIP COCOA FL 32926

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

TITLE VD ☒ Delete  
NAME SCORAH, ROBERT  
STREET ADDRESS 5050 CANGRO STREET  
CITY-ST-ZIP COCOA FL 32926

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

TITLE SD ☒ Delete  
NAME WOODS, KEN  
STREET ADDRESS 5360 FLORIDA PALM AVENUE  
CITY-ST-ZIP COCOA FL 32927

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

TITLE TD ☒ Delete  
NAME VONA, PAUL  
STREET ADDRESS 3730 DETROIT STREET  
CITY-ST-ZIP COCOA FL 32926

TITLE TD ☒ Change ☐ Addition  
NAME RICHARD HUNTER  
STREET ADDRESS 5270 SHADWELL AVE.  
CITY-ST-ZIP COCOA, FL 32926

TITLE VD ☐ Delete  
NAME NADLE, JEANNE  
STREET ADDRESS 4250 PINE ST  
CITY-ST-ZIP COCOA FL 32926

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

TITLE SD ☒ Delete  
NAME THOMSON, I. CENTI  
STREET ADDRESS 4330 PEPPERTREE ST  
CITY-ST-ZIP COCOA FL 32926

TITLE SD ☒ Change ☐ Addition  
NAME MEG VONA  
STREET ADDRESS 3730 DETROIT ST.  
CITY-ST-ZIP COCOA, FL 32926

12. 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 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: MARY N. KISNER / MARY N. KISNER 4/3/2000 321-635-8475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)