FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716484

1. Corporation Name

CEDAR KEY VILLAS ASSOCIATION, INC.

Principal Place of Business, 121 CLUB HOUSE BLVD. ATLANTIS FL 33462 Mailing Address

PO BOX 6206 LAKE WORTH FL 33466 US

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90062 004 ****61.25



21 Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualifed 05/01/1969				
	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number		oplied For	
		27			59-2403301	⊢	·	
	City & State City & State				33 2400001		ot Applicable	
23	3 28				5. Certifcate of Status Desired See Require			
Zip	Country	Zip	Count	ТУ	6. Election Campaign Financing	\$5.00	May Be	
24 25 29					Trust Fund Contribution Added to Fees			
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
		77 - 1887 -	8	1 Name				
HISTINI-DOMNA I								
JUSLIN DONNALL LAG ASSOCIATION, MO.				2 Street Addr	t Address (P.O. Box Number is Not Acceptable)			
121 CLOB HOUSE BLVD, 103				3				
ATLANTIS FL 33462				3				
***			84	4 City		85 Zip	Code	
	National Property of the Control of	and all the second		1		'FL ' '		
11. Pursuan	t to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above	ve-named corp	oration submits this statement for the purpo	se of changing its	registered	
OHIOS OF	registered agent, or both, in the State of am familiar with, and accept the obligation	Fionoa: Suco coande was a	urnorized ni	v the comoratic	on's board of directors. Thereby accept the	appointment as re	gistered	
			"不是一个	二次是一种基本			34. Y	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	Registered Age	ant signature mouring	d when reinstating) DA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
12.			13.	and adulation (addition	ADDITIONS/CHANGES TO OFFICER		PS IN 12	
TITLE	D	□ DELETE	1,1 TITLE		A STATE OF THE STA	☐ Change	Addition	
NAME	WYCKOFF, DORIS M				A Alternative Management of the Control of the Cont	C1 change	☐ Addition	
			1.2 NAME	ſ	A Francisco Administration of the Control of the Co	•		
STREET ADDRESS	THE SECOND PROPERTY.		1.3 STREE	ET ADDRESS				
CITY-ST-ZIP	ATLANTIS FL	·	1.4 CITY-5	ST-ZIP	<u> </u>			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	CONNER, DOROTHEA		2.2 NAME		· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS	316 VILLA DR S		23 STREE	TADDRESS				
CITY-ST-ZIP	ATLANTIS FL		2.4 CITY-					
TIFLE	D	☐ DELETE	3.1 TITLE	51-2IP			- A	
NAME KARA	COSMOS GUS					☐ Change	☐ Addition	
1.65	重信を ちゅうかい さいだい こうりょうがい しゅんこう コー・・・・・		3.2 NAME					
STREET ADDRESS		\$1¢	3.3 STREE	TADDRESS				
CITY-ST-ZIP (16)			3.4. CITY-	ST-ZIP			.*.	
TITLE	D	DELETE	4.1 TITLE			☐ Change	Addition	
NAME CLUB HE.	KEHLHOFER, ANITA		4.2 NAME]	***			
STREET ADDRESS	314 CEDAR KEY CIRCLE	and the state of t	4.3 STREE	TADDRESS	10 第四次可用建筑的	11100 1110 1111111111		
CITY-ST-ZIP	ATLANTIS FL	u.ì	4.4 CITY-S					
TITLE	D	☐ DELETE	5.1 TITLE	/1-4F	\$1. In 1 4 5 123 14513 \$1\$13 \$	# 644- 21€0 0.€. 203 ☐ Change	Addition	
NAME	JUSLIN, WILLIAM E		5.1 NAME	ļ		Change	T vacaniou	
STREET ADDRESS		•		T 40000000				
	1 .: 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -			TADDRESS	**************************************	-	•	
CITY-ST-ZIP	ATLANTIS FL		5.4 CITY-S	T-ZIP		, ,		
TITLE	District the second	☐ DELETE	6.1 TITLE	1		☐ Chaлge	☐ Addition	
NAME	KEHLHOFER, ROBERT		6.2 NAME		^ \$ ·			
STREET ADDRESS	314 CEDAR KEY CIRCLE		6.3 STREE	TADORESS				
CITY ST-ZIP	ATLANTIS FL	,	6.4 CITY-S	T- 71P	•	•		
14. I hereby o	ertify that the information supplied with	this filing does not qualify for	the everent	ion stated in Sc	ection 119.07(3)(i), Florida Statutes. I furthe	nortify that the	formati	
indicated	on this annual report or supplemental ar	nnual report is true and accur	ate and that	t mv signature	shall have the same legal effect as if made	r certify that the in	itormation	

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 13 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

IRE: WILLSHAM IN THE DISTRICTION WILLIAM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/99 561-433-5064 Date Daytime Phone if