


FILE NOW: FILING FEE IS \$61.25

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Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90062 004 *****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 US		Mailing Address PO BOX 6206 LAKE WORTH FL 33466 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/01/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2403301	
Country		Country		Applied For	
25		29		Not Applicable	
24		30		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<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			
JUSLIN, DONNA L 121 CLUB HOUSE BLVD ATLANTIS FL 33462				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYCKOFF, DORIS M	1.2 NAME	
STREET ADDRESS	129 CLUB HORSE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, DOROTHEA	2.2 NAME	
STREET ADDRESS	316 VILLA DR S	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSMOS, GUS	3.2 NAME	
STREET ADDRESS	302 CEDAR KEY CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHLHOFER, ANITA	4.2 NAME	
STREET ADDRESS	314 CEDAR KEY CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSLIN, WILLIAM E	5.2 NAME	
STREET ADDRESS	117 CLUB HOUSE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHLHOFER, ROBERT	6.2 NAME	
STREET ADDRESS	314 CEDAR KEY CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	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: WILLIAM E. JUSLIN 1/17/99 561-483-5064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)