

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90003 028 \*\*\*\*70.00

0076143

**DOCUMENT # 716484**

1. Entity Name

**CEDAR KEY VILLAS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**117 CLUB HOUSE BLVD  
 ATLANTIS FL 33462  
 US**

**PO BOX 6206  
 LAKE WORTH FL 33466  
 US**

**428173**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**316 Villa Drive South**

3. Mailing Address

**P.O. Box 6206**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Atlantis, FL 33462**

City & State

**Lake Worth, FL 33466**

4. FEI Number

**59-2403301**

Applied For

Not Applicable

Zip

**33462**

Country

**Palm Beach**

Zip

**33466**

Country

**Palm Beach**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JUSLIN, WILLIAM E  
 117 CLUBHOUSE BLVD  
 ATLANTIS FL 33462**

7. Name and Address of New Registered Agent

Name  
**Dorothea H. Conner**

Street Address (P.O. Box Number is Not Acceptable)  
**316 Villa Drive South**

City  
**Atlantis**

**FL**

Zip Code  
**33462**

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

*Dorothea H. Conner*

4/25/02

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 **D**  Delete  
 NAME **WYCKOFF, DORIS M**  
 STREET ADDRESS **129 CLUB HOUSE BLVD- 129 CLUB HOUSE BLVD.**  
 CITY-ST-ZIP **ATLANTIS FL**

TITLE **D**  Change  Addition  
 NAME **CONNER, JOHN A.**  
 STREET ADDRESS **316 VILLA DRIVE SOUTH**  
 CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **D**  Delete  
 NAME **CONNER, DOROTHEA**  
 STREET ADDRESS **316 VILLA DR S**  
 CITY-ST-ZIP **ATLANTIS FL**

TITLE **D**  Change  Addition  
 NAME **SITTERSON, JOHN**  
 STREET ADDRESS **137 CLUB HOUSE BLVD.**  
 CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **D**  Delete  
 NAME **COSMOS, GUS**  
 STREET ADDRESS **302 CEDAR KEY CIRCLE**  
 CITY-ST-ZIP **ATLANTIS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **JOKIEL, EDWARD**  
 STREET ADDRESS **125 CLUBHOUSE BLVD**  
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **JUSLIN, WILLIAM E**  
 STREET ADDRESS **117 CLUB HOUSE BLVD.**  
 CITY-ST-ZIP **ATLANTIS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **JOKIEL, JUDY**  
 STREET ADDRESS **125 CLUBHOUSE BLVD**  
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Dorothea H. Conner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

561-648-8121

Daytime Phone #

CR2E037 (9/01)