

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 716484

1. Entity Name
CEDAR KEY VILLAS ASSOCIATION, INC.



Principal Place of Business
**330 CEDAR KEY CIRCLE
ATLANTIS, FL 33462 US**

Mailing Address
**330 CEDAR KEY CIRCLE
ATLANTIS, FL 33462 US**



01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2403301	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARISH, LANDIS
330 CEDAR KEY CIRCLE
ATLANTIS, FL 33462**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U00000783844
01/16/08-80031-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TITCOMB, BROOKS
STREET ADDRESS	117 CLUBHOUSE BLVD
CITY-ST-ZIP	ATLANTIS, FL 33462

TITLE	VP
NAME	MUGAUERO, PETER
STREET ADDRESS	121 CLUBHOUSE BLVD.
CITY-ST-ZIP	ATLANTIS, FL 33462

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

TITLE	S
NAME	FELL, SUSAN
STREET ADDRESS	129 CLUBHOUSE BLVD.
CITY-ST-ZIP	ATLANTIS, FL 33462

TITLE	D
NAME	3MALONEY, CHUCK
STREET ADDRESS	137 CLUBHOUSE BLVD
CITY-ST-ZIP	ATLANTIS, FL 33462

TITLE	PT
NAME	BARISH, LANDIS
STREET ADDRESS	330 CEDAR KEY CIRCLE
CITY-ST-ZIP	ATLANTIS, FL 33462

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANDIS BARISH

Date

Daytime Phone #