FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

759950

(9)

CASA DEL REY TENANTS ASSOCIATION, INC.														
Principal Place of Business Mailing Address											istii Mait Aid	in Acam Aidil Bidi	4 BIBII BIBII IQQI	
C/O MARY E. TUCKER 5208 5TH STREET, WEST														
3 1	no.	- 1 D - :-								3. Date Incorporated or Qualified 09/09/1981	d 3a	Date of Last 04/27/1	t Report 1 995	
Principal Place of Business The Principal Place of Business					2a. Mailing Address 26					4. FEI Number 59-2670020	Applied For Not Applicable			
22 SI	uite, Apt.	#, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.7	5 Additional			
_ c	ity & State				City & State					6. Election Campaign Financing	L		Required	
23 Zi	P Country				Zip Country				Trust Fund Contribution		Adde	00 May Be ed to Fees		
24	·P		25		29		Country 30	/		This corporation has liability for Florida Statutes	or intangit Yes		. 199.032,	
9. Name and Address of Current Registered Agent										10. Name and Address of New	Registe	red Agent		
							81	Na	me					
TUCKER, MARY E 5208 5TH ST W								Str	eet Addre	ss (P.O. Box Number is Not Accept	able)			
BRADENTON FL 34207														
							84	Cit	у			85 Z	p Code	
11. F	Pursuant t	to the provisi	ons of Sections I	317.0502 and	d 617.1508, Flo	orida Statutes,	the above-	name	d corporal	tion submits this statement for the c	uroose o	_	•	
fi	or register amiliar wit	ed agent, or th, and accep	both, in the Stat of the obligations	e of Florida. S of, Section 6	Such change w 617.0503, Flori	ras authorized da Statutes.	by the corp	oratio	on's board	tion submits this statement for the p Lof directors. I hereby accept the ap	ppointmer	t as registered	l agent. I am	
SIGN	IATURE _	TUCKER	(MAKI	Ε.						Δ		191xxx		
12.		Signature, typed	or printed name of regi			JTO/IJ		nt sigma	ture required v	Ahen renstalingi	DAI	E		
TITLE	···	PD	OFFIC	ERS AND DI	···	DELETE	13.			ADDITIONS/CHANGES TO OF	FICERS.		DRS IN 12	
			VSON, PHILIP		יט	DELETE	1 1 TITLE		D			Change	Addition	
NAME							1.2 NAME			AGNE, HELENE				
	ADDRESS		H ST. CIR. W.		1.3 SI			ADDRE		258 5TH ST.CIRC. W.			,	
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NAME		TUCKER					2.2 N ME							
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NAME		CHURCH	1, VIVIAIN H ST. CIR. W.				4. 2 I ME							
	ADDRESS	BRADEN		21.00	.~		4.3 S	ADDRE	ss					
CITY-ST	1-219	D	<u> </u>	3420		SELETE	440	! - 7IP.						
	1	_	LL, BEATRICE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 2 N		ĺ			Change	Addition	
NAME	ADODESA		H ST. CIR. W.					ADORE:	.					
	ADDRESS		TON, FL 0000	ი 3420	7		1 5		30				1	
CITY-S TITLE	1-219	D	1311, 12 0000			X ELETE	6 1 TI	F-ZIP			-			
		-	L, HARLEY			·	6.2 N		1			☐ Change	Addition	
NAME	ADDRESS		ST.ERCL.W	_			6.3 ST ET	ADDDE 9	:e]	
CITY - C	ADDRESS	BRADEN	TON, FL 0000	Ю			64 CI S1	- 71P						
					this filing is volu	untarily furnish	and and		qualify for t	the exemption stated in Section 110	07(3)(6)	Florida Ctat	- 14.41	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report in oath; that I am an officer or director of the corporation or the receiver or trustee empower appears in Block 12 or Block 13 if changed, or on an attachment with an address. May E. Turksey								exec	oute this re	eport as required by Chapter 617, F.	e same leg lorida Sta	al effect as if that that	is. I further made under I my name	
CIGNATURE: Many G.									IARY F	TUCK TR X OILIO	^/ ^!		1	

SIGNATURE: / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

MARY E. TUCKER X\$ 04-19-96 941-758-0235