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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759950** (9)

1. Corporation Name

**CASA DEL REY TENANTS ASSOCIATION, INC.**

Principal Place of Business

**C/O MARY E. TUCKER  
5208 5TH STREET, WEST  
BRADENTON FL 34207**

Mailing Address

**C/O MARY E. TUCKER  
5208 5TH STREET, WEST  
BRADENTON FL 34207-2957**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/09/1981</b>		3a. Date of Last Report <b>04/24/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2670020</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**TUCKER, MARY E  
5208 5TH ST W  
BRADENTON FL 34207**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 **MARY E. TUCKER**

**4/28/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>MATHEWSON, PHILIP</b> 5249 5TH ST. CIR. W. BRADENTON, FL 00000	1.1 TITLE <b>PD</b>	<b>VAN DYNE, DONALD</b> 5257 5th ST, CIR, W. BRADENTON, FLORIDA 34207
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<b>TUCKER, MARY</b> 5208-5TH ST.,W. BRADENTON, FL 00000	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<b>CAQUETTE, BERTRAND</b> 5260 5TH ST CIR W BRADENTON, FL 00000	3.1 TITLE <b>VPD</b>	<b>STANLEY, ROBERT</b> 5250 5th ST. CIR. W. BRADENTON, FLORIDA 34207
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>CHURCH, VIVIAN</b> 5226 5TH ST. CIR. W. BRADENTON FL	4.1 TITLE <b>RECORDING SECRETARY D</b>	<b>DANDER, ROSE</b> 5256 5th ST, CIR. W. BRADENTON, FL. 34207
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>PEARSALL, BEATRICE</b> 5208 5TH ST. CIR. W. BRADENTON, FL 00000	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>GAGNE, HELENE</b> 5258 5TH STREET CIRCLE WEST BRADENTON FL	6.1 TITLE <b>D</b>	<b>DEARTH, RUSSELL</b> 5255 5th ST. CIR. W. BRADENTON, FL.
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Mary E. Tucker** MARY E. TUCKER 4/28/97(941) 758-0235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061789

CR2E037 (9/96)