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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 759950

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/03/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2670020	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

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
85	Zip Code

FL

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

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

(NONE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DYNE, DONALD	1.2 NAME	STEMLEY, ROBERT
STREET ADDRESS	5257 5TH ST., CIR., W.	1.3 STREET ADDRESS	5250 5TH ST. CIRC. W
CITY-ST-ZIP	BRADENTON, FL 00000	1.4 CITY-ST-ZIP	BRADENTON, FL. 34207
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, MARY	2.2 NAME	
STREET ADDRESS	5208-5TH ST., W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEMLEY, ROBERT	3.2 NAME	PEARSALL, BEATRICE
STREET ADDRESS	5250 5TH ST CIR., W.	3.3 STREET ADDRESS	5206 5th ST. CIRC. W.
CITY-ST-ZIP	BRADENTON, FL 00000	3.4 CITY-ST-ZIP	BRADENTON, FL. 34207
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD, TOMEI	4.2 NAME	MOORE, WALTER
STREET ADDRESS	5261 5TH ST CIR W	4.3 STREET ADDRESS	5260 5TH ST. CIRC. W.
CITY-ST-ZIP	BRADENTON FL 34207	4.4 CITY-ST-ZIP	BRADENTON, FL. 34207
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSALL, BEATRICE	5.2 NAME	DINGWELL, WILLIAM
STREET ADDRESS	5206 5TH ST. CIR. W.	5.3 STREET ADDRESS	5267 5TH ST. W.
CITY-ST-ZIP	BRADENTON, FL 00000	5.4 CITY-ST-ZIP	BRADENTON, FL. 34207
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARTH, RUSSELL	6.2 NAME	
STREET ADDRESS	5255 5TH ST CIR W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON 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: *Mary E. Tucker* **SIGNATURE REQUIRED** MARY E. TUCKER 4/24/99 (941) 758-0235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)