


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90011 013 \*\*\*\*61.25

**DOCUMENT # 759950**  
1. Entity Name  
**CASA DEL REY TENANTS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**KAY PAYNE**      **KAY PAYNE**  
**5220 5TH ST CIR W.**      **5220 5TH ST CIR W.**  
**BRADENTON FL 34207**      **BRADENTON FL 34207**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



MOORE      CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**FREEMAN, H A**  
**5220 5TH ST CIR W.**  
**BRADENTON FL 34207-2459**

7. Name and Address of New Registered Agent  
Name **Donald Van Dyne**  
Street Address (P.O. Box Number is Not Acceptable) **5257 5th. St. Cir. W.**  
City **Bradenton**      FL      Zip Code **34207**

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 *Donald Van Dyne*      DATE **X 02-02-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FREEMAN, HAROLD 5250 5 ST CIR W. BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BONAFEDE, MARIO 5244 5TH ST CIR W. BRADENTON FL 34207-2903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PAYNE, KAY 5220 5TH ST CIR W. BRADENTON FL 34207-2903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SABO, MARY 5255 5TH ST CIR W BRADENTON FL 34207-2903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN DYNE, DAN 5257 5TH ST CIR W. BRADENTON FL 34207-2903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D INBODY, EDITH 5218 5TH ST CIR W BRADENTON FL 34207 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Donald Van Dyne 5257 5th. St. Cir. W. Bradenton, FL 34207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gene Ricks 5263 5th. St. Cir. W. Bradenton, FL 34207 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Vern Hermiller 5249 5th. St. Cir. W. Bradenton, FL 34207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald Van Dyne*      DATE: **X 02-02-04**      DAYTIME PHONE #: **(941) 727-9357**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR