


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90060 026 ****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**

40001140



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
Flo Couture **Flo Couture**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
5251 5th St Cir W **5251 5th St Cir W**
 City & State City & State
Bradenton Fl **Bradenton Fl**
 Zip Country Zip Country
34207 U.S.A. **34207 U.S.A.**

4. FEI Number **59-2670020** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of ()
VAN DYNE, DONALD
5257 5TH ST. CIR. W.
BRADENTON FL 34207

*Sorry!
 The only 2
 names deleted
 are D. Van Dyne
 + Kay Payne*

7. Name and Address of New Registered Agent
 Name **Gene Riecks**
 Street Address (P.O. Box Number is Not Acceptable)
5263 5th St Cir W.
 City **Bradenton** FL Zip Code **34207**
 I am familiar with, and accept

8. The above named entity submits this state the obligations of registered agent.
 SIGNATURE *Flore Couture Treasurer* DATE *02 18 05*
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, 2005

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 VAN DYNE, DONALD 5257 5TH 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECKS, GENE 5263 5TH ST. CIR. W. BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMILLER, VERN 5249 5TH ST. CIR. W. BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INBODY, EDITH 5218 5TH ST CIR W BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gene Riecks 5263 5th St Cir W Bradenton FL 34207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Flo Couture 5251 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 Bev Scott 5208 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 Mary Sabo 5255 5th St. Cir W. Bradenton 34207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. Vern Hermiller 5249 5th St. Cir. W. Bradenton Fl 34207 <input checked="" 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: *Flore Couture* DATE *02 18 05* 941-727-4497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #