


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90027 007 \*\*\*\*61.25

<b>DOCUMENT # 759950</b>					
1. Entity Name <b>CASA DEL REY TENANTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>FLO COUTURE 5251 5TH ST CIR W BRADENTON FL 34207</b>			Mailing Address <b>FLO COUTURE 5251 5TH ST CIR W BRADENTON FL 34207</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2670020</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RIECKS, GENE 5263 5TH CIR W BRADENTON FL 34207</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL					
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 _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		10. <b>\$5.00 May Be Added to Fees</b>	
				11. <b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUTURE, FLO		NAME	<del>Dearth Karen</del>	
STREET ADDRESS	5251 5TH CIE W		STREET ADDRESS	<del>5225 5th st e. w</del>	
CITY- ST- ZIP	BRADENTON FL 34207		CITY- ST- ZIP	<del>Bradenton FL 34207</del>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN DYNE, DON		NAME	Frederick Mary	
STREET ADDRESS	5257 5TH STREET CR. W.		STREET ADDRESS	5234 5th ST C.W.	
CITY- ST- ZIP	BRADENTON FL 34207		CITY- ST- ZIP	Bradenton FL 34207	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERNAIL, PAULINE		NAME		
STREET ADDRESS	5245 5TH ST CIR WEST		STREET ADDRESS		
CITY- ST- ZIP	BRADENTON FL 34207		CITY- ST- ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIECKS, GENE		NAME		
STREET ADDRESS	5263 5TH ST. CIR. W.		STREET ADDRESS		
CITY- ST- ZIP	BRADENTON FL 34207		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMILLER, VERN		NAME		
STREET ADDRESS	5249 5TH ST. CIR. W.		STREET ADDRESS		
CITY- ST- ZIP	BRADENTON FL 34207		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL, SUSAN		NAME		
STREET ADDRESS	5212 5TH ST. CR. W.		STREET ADDRESS		
CITY- ST- ZIP	BRADENTON FL 34207		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Gene Riecks</i>			Date: <i>Feb 7th 2008</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		



1st MOORE CR2E037 (10/07)

*Please Delete  
 Dearth Karen &  
 add  
 Frederick Mary*