

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90126 032 ****61.25

DOCUMENT # 759950

1. Entity Name

CASA DEL REY TENANTS ASSOCIATION, INC.



Principal Place of Business

**BEATRICE PEARSALL
5206 5TH STREET, WEST
BRADENTON FL 34207**

Mailing Address

**BEATRICE PEARSALL
5206 5TH STREET, WEST
BRADENTON FL 34207**

2. Principal Place of Business

Kay Payne

Suite, Apt. #, etc.

5220 5th St. Cir. W.

City & State

Bradenton, FL

Zip

34207

Country

U.S.

3. Mailing Address

Kay Payne

Suite/Apt. #, etc.

5220-5th St. Cir. W.

City & State

BRADENTON, FL

Zip

34207

Country

U.S.



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2670020**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, H A

**5202 5TH ST CIR W 5250 5th St. Circle West
BRADENTON FL 34207-2459**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
PD	FREEMAN, HAROLD	5250 5 ST CIR W.	BRADENTON FL 34207	<input type="checkbox"/>
STD	COUTURE, GUY	5251 5TH ST CIR W	BRADENTON FL 34207	<input checked="" type="checkbox"/>
T	PEARSALL, BEATRICE	5206 5 ST CIR W.	BRADENTON FL 34207	<input checked="" type="checkbox"/>
DR	ROGERSON, CHRIS	5253 -5TH C.W.	BRADENTON FL 34207	<input checked="" type="checkbox"/>
D	DEATH, KAREN	5225 5TH ST CIR W	BRADENTON FL 34207	<input checked="" type="checkbox"/>
D	INBODY, EDITH	5218 5TH ST CIR W	BRADENTON FL 34207	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD	BONAFEDE, MARIO	5244 5th St. Circle West	BRADENTON, FL. 34207-2903	<input checked="" type="checkbox"/>
	KAY PAYNE	5220 5th ST. CIRCLE WEST	BRADENTON, FL. 34207-2903	<input checked="" type="checkbox"/>
D	MARY SABO	5255 5th St. Circle West	BRADENTON, FL. 34207-2903	<input checked="" type="checkbox"/>
D	DOM VAN DYNE	5257 5th St. Circle West	BRADENTON, FL. 34207-2903	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

2-24-03 (941) 756-9608

CR2E037 (10/02)