

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 769193 (4)**

1. Corporation Name

**THE VILLAS OF CEDAR KEY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**3600 BAL HARBOUR BLVD., 2A  
PUNTA GORDA FL 33950  
US**

Mailing Address

**3600 BAL HARBOUR BLVD 2A  
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified  
**06/30/1983**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **265 TAMiami TR**

22 City & State

27 City & State  
**PUNTA Gorda FL**

23 Zip Country

28 Zip Country  
**33950 Charlotte**

4. FEI Number  
**59-2482948**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**OWEN, ALFRED G.  
3600 BAL HARBOR BLVD.  
2-N  
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name **DAN VOGEL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3600 BAL Harbor Blvd**  
83 **2m**  
84 City **PUNTA Gorda** FL 85 Zip Code **33950**

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 *Alfred G. Vogel Pres.*

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GODWIN, DONALD	
STREET ADDRESS	3600 HARBOR BLVD 2-D	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUBE, MARIE	
STREET ADDRESS	3600 BAL HARBOR BLVD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEDERVELD, TERRILL	
STREET ADDRESS	1159 HARBOR DR	
CITY-ST-ZIP	GRAND HAVEN MI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DODSON, GILBERT	
STREET ADDRESS	375 CAPTAIN THOMAS THIRTY	
CITY-ST-ZIP	W. HAVEN CT	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OWEN, ALFRED G.	
STREET ADDRESS	3600 BAL HARBOR BLV 2-N	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GERRY, RUSSELL	
STREET ADDRESS	3975 LAUREL CT.	
CITY-ST-ZIP	TUCKER GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LOIS Young	
2.3 STREET ADDRESS	3600 Bal Harbor Blvd 1-I	
2.4 CITY-ST-ZIP	PUNTA Gorda FL 33950	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAN VOGEL	
5.3 STREET ADDRESS	3600 Bal Harbor Blvd 2m	
5.4 CITY-ST-ZIP	PUNTA Gorda FL 33950	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Alfred G. Vogel Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)