

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

3600 BAL HARBOUR BLVD., 2A
PUNTA GORDA FL 33950
US265 TAMAMI TRAIL
PUNTA GORDA FL 33950-4444
US3. Date Incorporated or Qualified
06/30/19833a. Date of Last Report
03/18/1996

4. FEI Number

59-2482948

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

VOGEL, DAN
3600 BAL HARBOR BLVD
STE 2M
PUNTA GORDA FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GODWIN, DONALD	
STREET ADDRESS	3600 HARBOR BLVD 2-D	
CITY - ST - ZIP	PUNTA GORDA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUNG, LOIS	
STREET ADDRESS	3600 BAL HARBOR BLVD	
CITY - ST - ZIP	PUNTA GORDA FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEDERVELD, TERRILL	
STREET ADDRESS	1159 HARBOR DR	
CITY - ST - ZIP	GRAND HAVEN MI	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS NEDERVELD TERRILL
3.3 STREET ADDRESS	1159 HARBOR DR.
3.4 CITY - ST - ZIP	GRAND HAVEN, MI.

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DODSON, GILBERT	
STREET ADDRESS	375 CAPTAIN THOMAS THIRTY	
CITY - ST - ZIP	W. HAVEN CT	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VOGEL, DAN	
STREET ADDRESS	3600 BAL HARBOR BLV 2-N	
CITY - ST - ZIP	PUNTA GORDA FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GERRY, RUSSELL	
STREET ADDRESS	3975 LAUREL CT.	
CITY - ST - ZIP	TUCKER GA	

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97

341-575-7773

CR2E037 (9/96)