

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769193** (4)  
1. Corporation Name  
**THE VILLAS OF CEDAR KEY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>3600 BAL HARBOUR BLVD., 2A PUNTA GORDA FL 33950 US</b>	Mailing Address <b>265 TAMiami TRAIL PUNTA GORDA FL 33950 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/30/1983</b>	
4. FEI Number <b>59-2482948</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VOGEL, DAN  
3600 BAL HARBOR BLVD  
STE 2M  
PUNTA GORDA FL 33950**

81 Name <b>Joan F. Green</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>265 TAMiami TRAIL</b>
83
84 City <b>PUNTA GORDA</b>
85 Zip Code <b>FL 33950</b>

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

*Joan F. Green*

3-7-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, LOIS	
STREET ADDRESS	3600 BAL HARBOR BLVD	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	NEDERVELD, TERRELL	
STREET ADDRESS	1159 HARBOR DRIVE	
CITY - ST - ZIP	GRAND HAVEN MI	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	VOGEL, DAN	
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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NICK Schastrian	
1.3 STREET ADDRESS	3600 BAL HARBOR BLVD	
1.4 CITY - ST - ZIP	PUNTA GORDA FL	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAT EVANS	
5.3 STREET ADDRESS	3600 BALHARBOR BLVD	
5.4 CITY - ST - ZIP	PUNTA GORDA FL	
6.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAN DENGLER	
6.3 STREET ADDRESS	3600 BALHARBOR BLVD	
6.4 CITY - ST - ZIP	PUNTA GORDA FL	

14. 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 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:

*Terrell Nederveld*

3/10/98

CR2E037 (10/97)