


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90030 012 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769193**

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

265 TAMiami TRAIL  
 PUNTA GORDA FL 33950  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/30/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-2482948	
24		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENS, JOAN F**  
**265 TAMiami TR**  
**PUNTA GORDA FL 33918**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	TD <input type="checkbox"/> DELETE	1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBASTIAN, NICK	1.2 NAME	SEBASTYN NICK
STREET ADDRESS	3600 BAL HARBOR BLVD	1.3 STREET ADDRESS	3600 BAL HARBOR BLVD
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEDERVELD, TERRELL	2.2 NAME	CROTEAU ED
STREET ADDRESS	1150 HARBOR DRIVE	2.3 STREET ADDRESS	3600 BAL HARBOR BLVD
CITY-ST-ZIP	GRAND HAVEN MI	2.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEL, DAN	3.2 NAME	
STREET ADDRESS	3600 BAL HARBOR BLV 2-N	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERRY, RUSSELL	4.2 NAME	WALTER GUTZWILER
STREET ADDRESS	3975 LAUREL CT.	4.3 STREET ADDRESS	3600 BAL HARBOR BLVD
CITY-ST-ZIP	TUCKER GA	4.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, PAT	5.2 NAME	Jerry Gne co
STREET ADDRESS	3600 BAL HARBOR BLVD	5.3 STREET ADDRESS	3600 BAL HARBOR BLVD
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENGLER, DAN	6.2 NAME	
STREET ADDRESS	3600 BAL HARBOR BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

*[Signature]*

3/2/99