



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2004 8:00 am**  
**Secretary of State**

08-24-2004 90001 042 \*\*\*\*61.25

<b>DOCUMENT # 769193</b> 1. Entity Name THE VILLAS OF CEDAR KEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3600 BAL HARBOUR BLVD. PUNTA GORDA, FL 33950 US			Mailing Address 265 TAMiami TRAIL PUNTA GORDA, FL 33950 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>54069609</b> 	
City & State		City & State		07232004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2482948	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  GREENE, JOAN F 265 TAMiami TR PUNTA GORDA, FL 33918			7. Name and Address of New Registered Agent Name <u>GREENE, JOAN F</u> Street Address (P.O. Box Number is Not Acceptable) <u>910 ACCURATE ACCOUNTING</u> <u>100 SULLIVAN STREET, SUITE 112</u> City <u>PUNTA GORDA,</u> State <u>FL</u> Zip Code <u>33950</u>		
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 <u>Joan F Greene</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>8/9/04</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROTEAU, EDWARD 3600 BAL HARBOR BLVD PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAURER, WILLIAM 3600 BAL HARBOR BLVD PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, CARTER 3600 BAL HARBOR BLVD PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANE, FRANK S 3600 BAL HARBOR BLVD PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8/9/04</u> Daytime Phone # <u>541 661 0553</u>		