



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90090 024 ****61.25

DOCUMENT # 769193 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. City & State Zip Country		3. Mailing Address 100 Sullivan ST Ste 112 Punta Gorda FL Zip Country 33950 USA			
4. FEI Number 59-2482948				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04252005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent GREENS, JOAN F C/O ACCURATE ACCOUNTING 100 SULLIVAN ST, STE 112 PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name: JOAN GREENE Street Address (P.O. Box Number is Not Acceptable): C/O ACCURATE ACCOUNTING Ste 112 City: PUNTA GORDA FL Zip Code: 33958		
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> DATE: <u>4/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D CROTEAU, EDWARD 3600 BAL HARBOR BLVD PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAURER, WILLIAM 3600 BAL HARBOR BLVD PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, CARTER 3600 BAL HARBOR BLVD PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, CARTER 3600 BAL HARBOR BLVD PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
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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> DATE: <u>4/25/05</u> <small>Signature, typed or printed name of signing officer or director</small>					