

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90217 019 ****61.25

DOCUMENT # N04256

1. Entity Name

BLUE CRAB KEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O HENKE PROPERTY MANAGEMENT, INC
6213-A PRESIDENTIAL COURT
FT MYERS FL 33919
US

Mailing Address

C/O HENKE PROPERTY MANAGEMENT, INC
6213-A PRESIDENTIAL COURT
FT MYERS FL 33919
US

04070006



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2682343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENKE, CAROL J
HENKE PROPERTY MANAGEMENT INC
6213-A PRESIDENTIAL COURT
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D HORNSBY, JAMES
STREET ADDRESS 5431 BLUE CRAB CIRCLE Q2
CITY-ST-ZIP BOKEELIA FL 33928

TITLE ☐ Delete
NAME ST HORNSBY, THOMAS
STREET ADDRESS 5261 BLUE CRAB CIRCLE #E5
CITY-ST-ZIP BOKEELIA FL 33922

TITLE ☒ Delete
NAME DVP KELLER, BILL
STREET ADDRESS 5411 BLUE CRAB CIR., P2
CITY-ST-ZIP BOKEELIA FL 33922

TITLE ☒ Delete
NAME D GOLDSWORTHY, EARL
STREET ADDRESS BLUE CRAB CIRCLE
CITY-ST-ZIP BOKEELIA FL 33922

TITLE ☐ Delete
NAME PD OWENS, CHARLIE JR
STREET ADDRESS 5411 BLUE CRAB CIRCLE, P4
CITY-ST-ZIP BOKEELIA FL 33922

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME D Hornsby, James
STREET ADDRESS
CITY-ST-ZIP 33922

TITLE ☒ Change ☐ Addition
NAME ST Hornsby, Thomas
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME PS Richard Morrison
STREET ADDRESS 5441 Blue Crab Circle #R1
CITY-ST-ZIP Bokeelia FL 33922

TITLE ☒ Change ☐ Addition
NAME D Owens, Charlie
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VB James McNeilly
STREET ADDRESS 5481 Blue Crab Circle #T6
CITY-ST-ZIP Bokeelia FL 33922

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/04

239-481-7150