

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769193

Entity Name: THE VILLAS OF CEDAR KEY CONDOMINIUM
ASSOCIATION, INC.**Current Principal Place of Business:**3600 BAL HARBOR BLVD
PUNTA GORDA, FL 33950**Current Mailing Address:**PO BOX 380758
MURDOCK, FL 33938 US**FEI Number: 59-2482948****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SW GATEWAY, INC
1532 RIO DE JANEIRO
PUNTA GORDA, FL 33983 US*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.***SIGNATURE: KRISTINE WISHARD****02/05/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name HINES, TIMOTHY
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938**Title** VP, DIRECTOR
Name BAUGHMAN, DONALD
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938**Title** SECRETARY, DIRECTOR
Name COOK, STEPHANIE
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938**Title** TREASURER, DIRECTOR
Name KRATT, BARBARA
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938**Title** DIRECTOR
Name REED, RANDY
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938**Title** DIRECTOR
Name KOSTER, JERRY
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938**Title** MANAGER
Name WISHARD, KRISTINE
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINE WISHARD**MANAGER****02/05/2020**

Electronic Signature of Signing Officer/Director Detail

Date