


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90060 026 \*\*\*\*61.25

<b>DOCUMENT # 759950</b>	
<b>1. Entity Name</b> CASA DEL REY TENANTS ASSOCIATION, INC.	

<b>Principal Place of Business</b> KAY PAYNE 5220 5TH ST CIR W. BRADENTON FL 34207	<b>Mailing Address</b> KAY PAYNE 5220 5TH ST CIR W. BRADENTON FL 34207
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<b>2. Principal Place of Business</b> Flo Couture Suite, Apt. #, etc. 5251 5th St Cir W City & State Bradenton Fl Zip 34207 Country U.S.A.	<b>3. Mailing Address</b> Flo Couture Suite, Apt. #, etc. 5251 5th St Cir W City & State Bradenton Fl Zip 34207 Country U.S.A.
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1st MOORE CR2E037 (10/04)

<b>6. Name and Address of</b> VAN DYNE, DONALD 5257 5TH ST. CIR. W. BRADENTON FL 34207	<b>7. Name and Address of New Registered Agent</b> Name Gene Riecks Street Address (P.O. Box Number is Not Acceptable) 5263 5th St Cir W. City Bradenton FL Zip Code 34207
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**8. The above named entity submits this state the obligations of registered agent.**

Sorry!  
The only 2  
names deleted  
are D. Van Dyne  
& Kay Payne

**SIGNATURE** Flore Couture Treasurer  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

02 18 05  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

**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	
<b>TITLE</b> PD	<b>NAME</b> VAN DYNE, DONALD <b>STREET ADDRESS</b> 5257 5TH ST. CIR. W. <b>CITY-ST-ZIP</b> BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> STD	<b>NAME</b> BONAFEDE, MARIO <b>STREET ADDRESS</b> 5244 5TH ST CIR W. <b>CITY-ST-ZIP</b> BRADENTON FL 34207-2903 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> T	<b>NAME</b> PAYNE, KAY <b>STREET ADDRESS</b> 5220 5TH ST CIR W. <b>CITY-ST-ZIP</b> BRADENTON FL 34207-2903 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> D	<b>NAME</b> RECKS, GENE <b>STREET ADDRESS</b> 5263 5TH ST. CIR. W. <b>CITY-ST-ZIP</b> BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> D	<b>NAME</b> HERMILLER, VERN <b>STREET ADDRESS</b> 5249 5TH ST. CIR. W. <b>CITY-ST-ZIP</b> BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> D	<b>NAME</b> INBODY, EDITH <b>STREET ADDRESS</b> 5218 5TH ST CIR W <b>CITY-ST-ZIP</b> BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> P	<b>NAME</b> Gene Riecks <b>STREET ADDRESS</b> 5263 5th St Cir W <b>CITY-ST-ZIP</b> Bradenton FL 34207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S	<b>NAME</b> Bev Scott <b>STREET ADDRESS</b> 5208 5th St. Cir. W. <b>CITY-ST-ZIP</b> Bradenton FL 34207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> F	<b>NAME</b> Flo Couture <b>STREET ADDRESS</b> 5251 5th St. Cir W. <b>CITY-ST-ZIP</b> Bradenton Fl 34207 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> Mary Sabo <b>STREET ADDRESS</b> 5255 5th St. Cir W. <b>CITY-ST-ZIP</b> Bradenton 34207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> V. P.	<b>NAME</b> Vern Hermiller <b>STREET ADDRESS</b> 5249 5th St. Cir. W. <b>CITY-ST-ZIP</b> Bradenton FL 34207 <input checked="" 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:** Flore Couture

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 18 05 941-727 4497

Date Daytime Phone #