

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10351 (0)

1. Corporation Name

CASEY KEY PROTECTIVE ASSOCIATION



Principal Place of Business

Mailing Address

**333 S. TAMiami TRAIL
SUITE 199
VENICE FL 34285**

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SUITE 199
VENICE FL 34285**

3. Date Incorporated or Qualified
07/01/1992

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KORP, WILLIAM R.
333 S. TAMiami TRAIL
SUITE 199
VENICE FL 34285**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WURTS, JOHN	
STREET ADDRESS	206 N CASWY KEY RD	
CITY - ST - ZIP	OSPREY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, FRANCES	
STREET ADDRESS	1144 N CASEY KEY RD	
CITY - ST - ZIP	OSPREY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, DANIEL U	
STREET ADDRESS	433 S. CASEY KEY RD	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	THAYER, SETH	
STREET ADDRESS	1808 CASEY KEY RD	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, HARVEY	
STREET ADDRESS	3920 CASWY KEY RD	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STOVER, FLORENCE H	
STREET ADDRESS	521 CASEY KEY RD.	
CITY - ST - ZIP	NOKOMIS FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stover, Florence H.	
1.3 STREET ADDRESS	521 Casey Key Road	
1.4 CITY - ST - ZIP	Nokomis, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAUCH, Susan	
2.3 STREET ADDRESS	560 Casey Key Road	
2.4 CITY - ST - ZIP	Nokomis, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Allbee	
3.3 STREET ADDRESS	3905 Casey Key Road	
3.4 CITY - ST - ZIP	Nokomis, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Larson, John	
4.3 STREET ADDRESS	3434 Casey Key Road	
4.4 CITY - ST - ZIP	Nokomis, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Collins, Sally	
5.3 STREET ADDRESS	2805 Casey Key Road, Nokomis, FL 34275	
5.4 CITY - ST - ZIP	Nokomis, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Haupt, Harkness	
6.3 STREET ADDRESS	3716 Sandspur Lane	
6.4 CITY - ST - ZIP	Nokomis, FL 34275	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

Date

941-485-4995

Daytime Phone #

CR2E037 (12/95)