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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

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

3. Date Incorporated or Qualified

07/01/1992

4. FEI Number

59-6166943

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

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** ☐ DELETE

NAME **BRY, ROBERT**
STREET ADDRESS **707 CASEY KEY ROAD**
CITY-ST-ZIP **NOKOMIS FL**

TITLE **S** ☒ DELETE

NAME **RAUCH, SUSAN**
STREET ADDRESS **560 CASEY KEY ROAD**
CITY-ST-ZIP **NOKOMIS FL**

TITLE **VP** ☐ DELETE

NAME **ALLBEE, JOHN R**
STREET ADDRESS **3905 CASEY KEY ROAD**
CITY-ST-ZIP **NOKOMIS FL**

TITLE **D** ☐ DELETE

NAME **THAYER, SETH**
STREET ADDRESS **1808 CASEY KEY RD**
CITY-ST-ZIP **NOKOMIS FL**

TITLE **D** ☒ DELETE

NAME **COLLINS, SALLY**
STREET ADDRESS **2805 CASEY KEY ROAD**
CITY-ST-ZIP **NOKOMIS FL**

TITLE **P** ☐ DELETE

NAME **HAUPT, HARKNESS**
STREET ADDRESS **3716 SANDSPUR LANE**
CITY-ST-ZIP **NOKOMIS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S
FRANCES M. THAYER
1808 CASEY KEY RD
NOKOMIS FL 34275

D
WILLIAM CROWLEY
507 S. CASEY KEY RD
NOKOMIS FL 34275

14. 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 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 *Frances M Thayer* **FRANCES M. THAYER** **4/22/98** **941** **966-2676**

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