

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90050 038 \*\*\*\*61.25

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DOCUMENT # C10351

1. Corporation Name

CASEY KEY PROTECTIVE ASSOCIATION

Principal Place of Business

333 S. TAMiami TRAIL  
SUITE 199  
VENICE FL 34285

Mailing Address

~~333 S. TAMiami TRAIL~~  
~~SUITE 199~~  
~~VENICE FL 34285~~  
P.O. Box 516  
NOKOMIS,  
FL. 34275



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/01/1992

4. FEI Number

59-6166943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

TITLE **S** ☐ DELETE  
NAME THAYER, FRANCES M  
STREET ADDRESS 1808 CASEY KEY ROAD  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE **VP** ☐ DELETE  
NAME ~~ALLIE JOHNSON~~ **KLYN JOHN W**  
STREET ADDRESS ~~3905 CASEY KEY ROAD~~ **526 N. Casey Key Rd.**  
CITY-ST-ZIP ~~NOKOMIS FL~~ **OSPREY, FL. 34229**

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

TITLE **D** ☐ DELETE  
NAME CROWLEY, WILLIAM  
STREET ADDRESS 507 S CASEY KEY ROAD  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE **P** ☐ DELETE  
NAME ~~HAUPT, HARKNESS~~ **CROWLEY, FRANKIE**  
STREET ADDRESS ~~3716 SANDSPUR LANE~~ **5075 Casey Key Rd.**  
CITY-ST-ZIP ~~NOKOMIS FL~~ **NOKOMIS, FL. 34275**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☐ Addition  
1.2 NAME **PARKER, MARIAN**  
1.3 STREET ADDRESS **402 N. Casey Key Rd.**  
1.4 CITY-ST-ZIP **OSPREY, FL. 34229**

2.1 TITLE **D** ☐ Change ☐ Addition  
2.2 NAME **PETERS, DR. DAVID**  
2.3 STREET ADDRESS **3820 CUTLASS Bayou**  
2.4 CITY-ST-ZIP **NOKOMIS, FL. 34275**

3.1 TITLE **D** ☐ Change ☐ Addition  
3.2 NAME **PINEY, RENEE**  
3.3 STREET ADDRESS **140 N. Casey Key Rd.**  
3.4 CITY-ST-ZIP **OSPREY, FL. 34229**

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-99 483-4110  
Date Daytime Phone #

CR2E037 (11/98)