FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

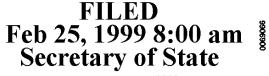
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # C10351

1. Corporation Name

CASEY KEY PROTECTIVE ASSOCIATION

Mailing Address
333 S TAMMANI TRAIL P. O. BOX512
SUITE 100
VENICE EL 34285 NOKOMIS,
Fh. 34275
2a. Mailing Address



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

333 S. TAMIAI SUITE 199 VENICE FL 34		SUITE 100		-			
AEMIOE LE 94	203	VENICE EL 34285 NOK	011				
A 5	(P	2a. Mailing Address	34.	2/5	Date Incorporated or Qualifed		
2. Principal P	lace of Business	26 26			07/01/1992		[
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	plied.For
22		27			59-6166943		t Applicable
City & Stat	te	City & State			5. Certificate of Status Desired	\$8.75 A Fee Red	
Zip	Country	Zip Country		6. Election Campaign Financing	\$5.00		
24	25	29 30			Trust Fund Contribution	Added to	
	9. Name and Address of Curren	t Registered Agent	- 04	. N	10. Name and Address of New Regi	stered Agent	
_			81	Name			
KORP, WILLIAM R.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
1	MIAMI TRAIL		83				
SUITE 199 VENICE F			-			85 Zip C	`odo
			84	City		FL 1	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes, t	he above	-named corpo	pration submits this statement for the purp n's board of directors. I hereby accept the	oose of changing its	registered
agent. I a	egistered agent, or both, in the State in the State in familiar with, and accept the obligations.	tions of, Section 617.0503, Florida	Statutes.	the corporation	its board of directors. Thereby accept an	J appointment to reg	jiotoroo
SIGNATURE						DATE	\
12.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE. Regi D DIRECTORS	istered Agen	t signature required	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PRESIDENT	DELETE	1.1 TITLE	D 121	ARKER . MARILYN	Change	☐ Addition
NAME	BRY, ROBERT		1.2 NAME	$\nu_{\parallel u}$	02 N Casey Key ISPREY, FL. 34	1Rd·	
STREET ADDRESS	0.050 454 50.15		1.3 STREET	ADDRESS 7	COOLY EL 24	279	
CITY-ST-ZIP	NOKOMIS FL		1.4 CITY+S	r-ZIP O	SPRET FL. ST		
TITLE	S	☐ DELETÉ	2.1 TITLE	7) Ye	STERS, DR. DAY	□ Change □	Addition
NAME	THAYER, FRANCES M		2.2 NAME	2	ADA CUTLASS	Payou	′
STREET ADDRESS	1808 CASEY KEY ROAD		2.3 STREET		520 60 60	241 MG	-
CITY-ST-ZIP	NOKOMIS FL 34275	☐ DELETÉ	2.4 CITY-S 3.1 TITLE	T-ZIP	OKOMIS FL	☐ Change	Addition
TITLE NAME	ALLDES JOHNS VIVI		3.1 NAME 1	J 77	THE Y	7 °	
NAME STREET ADDRESS	ALLEGE JOHNER KLY 1905 CASEY KEY ROAD 5	SOMOW		ADDRESS /4	10 N Casey Kel	1 Kai.	,
CITY-ST-ZIP	NOKOMIO-FL OS DOCK	6 N. CASCYKEY	3.4 CITY-S	T-ZIP	GPREY, FL. 3	4229	
TITLE	D	DELETE	4.1 TITLE		- 	☐ Change	☐ Addition
NAME	THAYER, SETH		4. 2 NAME		,		
STREET ADDRESS	1808 CASEY KEY RD		4.3 STREET	ADDRESS			
CITY-ST-ZIP	NOKOMIS FL		4.4 CITY-S	T-ZIP		Character Character	- Addition
TITLE	D CROWLEY MAILIAM	☐ DELETE	5.1 TITLE 5.2 NAME			Change	☐ Addition
NAME	CROWLEY, WILLIAM		5.3 STREET	TADORESS			
STREET ADDRESS	507 S CASEY KEY ROAD NOKOMIS FL 34275		5.4 CITY-S				
CITY-ST-ZIP	P- TREASURER	, DELETÉ	6.1 TITLE			Change	Addition
NAME	HAUPT, HARKNESS CA	ZONLEY, FRANCINE	6.2 NAME				
	3716 SANDSPUR LANE 502		6.3 STREE	TADDRESS			

14. Hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

01-18-99