

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90127 040 ****61.25

DOCUMENT # N01000002880

1. Entity Name
THE CASEY KEY ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 516
NOKOMIS, FL 34274-0516**

Mailing Address
**P.O. BOX 516
NOKOMIS, FL 34274-0516**

30034311



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6166943

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLYN, JOHN W
526 N CASEY JEY RD
OSPNEY, FL 34229**

Name
Henry Tafaro
Street Address (P.O. Box Number is Not Acceptable)
3300 Casey Key Rd

City
NoKomis **FL** Zip Code
34275

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Henry A. Tafaro** **4 April 2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

TITLE **P** ☒ Delete
NAME **SHUTE, RICHARD**
STREET ADDRESS **P.O. BOX 516**
CITY-ST-ZIP **NOKOMIS, FL 342740516**

TITLE **V** ☐ Delete
NAME **PARKER, MARILYN**
STREET ADDRESS **P.O. BOX 516**
CITY-ST-ZIP **NOKOMIS, FL 342740516**

TITLE **D** ☒ Delete
NAME **COHEN, EILEEN**
STREET ADDRESS **P.O. BOX 516**
CITY-ST-ZIP **NOKOMIS, FL 342740516**

TITLE **S** ☐ Delete
NAME **HAMILL, KRISTEN**
STREET ADDRESS **P.O. BOX 516**
CITY-ST-ZIP **NOKOMIS, FL 342740516**

TITLE **V** ☐ Delete
NAME **TAFARO, HENRY**
STREET ADDRESS **P.O. BOX 516**
CITY-ST-ZIP **NOKOMIS, FL 342740516**

TITLE **T** ☐ Delete
NAME **BEACHAM, DEBORAH**
STREET ADDRESS **1416 CASEY KEY RD**
CITY-ST-ZIP **NOKOMIS, FL 34275**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Change** ☒ Addition
NAME **Henry Tafaro**
STREET ADDRESS **P.O. Box 516**
CITY-ST-ZIP **Nokomis FL 34274-0516**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Linda Bohane**
STREET ADDRESS **P.O. Box 516**
CITY-ST-ZIP **Nokomis, FL 34274-0516**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Charles Snyder**
STREET ADDRESS **P.O. Box 516**
CITY-ST-ZIP **Nokomis FL 34274-0516**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Deborah M Beacham**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 **941.316.2688**
Date Daytime Phone #

ATTACHMENT

NOI 000002880
50034311

Additional Directors – 2005 Not for Profit Corporation Annual Report
The Casey Key Association
FEIN 59-6166943

D

Roberta Adams
PO Box 516
Nokomis, FL 34274-0516

D

Richard Davis
PO Box 516
Nokomis, FL 34274-0516

D

Joe Harrick
PO Box 516
Nokomis, FL 34274-0516

D

Jack Perkins
PO Box 516
Nokomis, FL 34274-0516

D

Mike Silverstein
PO Box 516
Nokomis, FL 34274-0516

D

Cindy Stuhley
PO Box 516
Nokomis, FL 34274-0516