2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
02-22-2007 90008 038 ****61.25

DOCUMENT # N01000002880

1. Entity Name
THE CASEY KEY ASSOCIATION, INC.

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

000004JJ

02042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o RICHARD DAVIS	
~~Suite, Apt. #, etc.~~ 3754 CASEY KEY RD.	Suite, Apt. #, etc.
City & State: NOKOMIS, FL	City & State
Zip: 34275 Country: U.S.	Zip Country

4. FEI Number 59-6166943 ☐ Applied For ☐ Not Applicable

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
TAFARO, HENRY 3300 CASEY KEY RD NOKOMIS, FL 34275	Name: DAVIS, RICHARD Street Address (P.O. Box Number is Not Acceptable): 3754 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: [signature] PRESIDENT 4-2-07
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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P .TAFARO, HENRY P.O. BOX 516 NOKOMIS, FL 342740516	☑ Delete	TITLE P NAME DAVIS, RICHARD STREET ADDRESS P.O. BOX 516 CITY-ST-ZIP NOKOMIS, FL 34275		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ADAMS, ROBERTA P.O. BOX 516 NOKOMIS, FL 342740516	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOHANE, LINDA P.O. BOX 516 NOKOMIS, FL 342740516	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STUHLEY, CINDY P.O. BOX 516 NOKOMIS, FL 342740516	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SNYDER, CHARLES P.O. BOX 516 NOKOMIS, FL 342740516	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVIS, RICHARD 3754 CASEY KEY RD NOKOMIS, FL 34275	☑ Delete	TITLE T NAME SCHULZ, GRACE STREET ADDRESS 1015 CASEY KEY RD. CITY-ST-ZIP NOKOMIS, FL 34275		☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 2/20/07 941-485-4934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #