

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002880

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE CASEY KEY ASSOCIATION, INC.

Current Principal Place of Business:

% RICHARD DAVIS
3754 CASEY KAY RD
NOKOMIS, FL 34275

New Principal Place of Business:

% MICHAEL TURILLO JR.
1708 CASEY KEY RD
NOKOMIS, FL 34275

Current Mailing Address:

P.O. BOX 516
NOKOMIS, FL 342740516

New Mailing Address:

FEI Number: 59-6166943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, RICHARD
3754 CASEY KEY RD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

TURILLO, JR., MICHAEL
1708 CASEY KEY RD
NOKOMIS, FL 34275 US

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.

SIGNATURE: MICHAEL TURILLO, JR.

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SCHULZ, GRACE
Address: 1015 CASEY KEY RD
City-St-Zip: NOKOMIS, FL 34275

Title: V () Delete
Name: TURILLO, MIKE
Address: P.O. BOX 516
City-St-Zip: NOKOMIS, FL 342740516

Title: S () Delete
Name: STUHLEY, CINDY
Address: P.O. BOX 516
City-St-Zip: NOKOMIS, FL 342740516

Title: V () Delete
Name: SNYDER, CHARLES
Address: P.O. BOX 516
City-St-Zip: NOKOMIS, FL 342740516

Title: P () Delete
Name: DAVIS, RICHARD
Address: P O BOX 516
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: BOHANE, LINDA
Address: 1143 CASEY KEY RD
City-St-Zip: NOKOMIS, FL 34275

Title: VP (X) Change () Addition
Name: METZGER, ROBERT
Address: P.O. BOX 516
City-St-Zip: NOKOMIS, FL 342740516

Title: VP (X) Change () Addition
Name: STUHLEY, CINDY
Address: P.O. BOX 516
City-St-Zip: NOKOMIS, FL 342740516

Title: S (X) Change () Addition
Name: PERKINS, JACK
Address: P.O. BOX 516
City-St-Zip: NOKOMIS, FL 342740516

Title: P (X) Change () Addition
Name: TURILLO, JR., MICHAEL
Address: P O BOX 516
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA L. BOHANE

TREA

04/17/2009

Electronic Signature of Signing Officer or Director

Date