

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005640

FILED  
Jan 14, 2007  
Secretary of State

**Entity Name:** CEDAR KEY FLYING CLUB HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

598 2ND ST  
PO BOX 117  
CEDAR KEY, FL 32625

**New Principal Place of Business:**

598 2ND ST  
CEDAR KEY, FL 32625

**Current Mailing Address:**

PO BOX 117  
CEDAR KEY, FL 32625

**New Mailing Address:**

**FEI Number:** 59-3752373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HELLERMANN, DORIS  
598 2ND ST  
PO BOX 117  
CEDAR KEY, FL 32625 US

**Name and Address of New Registered Agent:**

HELLERMANN, DORIS  
598 2ND ST  
CEDAR KEY, FL 32625 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:

01/14/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FRANKS, MARVIN L  
Address: 6831 SW 105 AVENUE  
City-St-Zip: CEDAR KEY, FL 32625 US

Title: VD ( ) Delete  
Name: MINER, FRED  
Address: 333 TYRONE AVERY ROAD  
City-St-Zip: MORGANTOWN, WV 26508 US

Title: STD ( ) Delete  
Name: HELLERMANN, DORIS  
Address: 598 2ND STREET PO BOX 117  
City-St-Zip: CEDAR KEY, FL 32625 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DORIS HELLERMANN

STD

01/14/2007

Electronic Signature of Signing Officer or Director

Date