2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State
08-26-2005 90002 024 ****61.25

DOCUMENT # N04256

1. Entity Name
BLUE CRAB KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HENKE PROPERTY MANAGEMENT, INC 6213-A PRESIDENTIAL COURT FT MYERS, FL 33919 US	C/O HENKE PROPERTY MANAGEMENT, INC 6213-A PRESIDENTIAL COURT FT MYERS, FL 33919 US

07282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2682343 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENKE, CAROL J
HENKE PROPERTY MANAGEMENT INC
6213-A PRESIDENTIAL COURT
FT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name: George Teague
Street Address (P.O. Box Number is Not Acceptable): C/O Management Connection
8270 College Pkwy; Ste 203
City: Ft Myers FL Zip Code: 33919

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 _____ 7/26/05
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 September 7, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORNSBY, JAMES 5431 BLUE CRAB CIRCLE Q2 BOKEELIA, FL 33922	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUY WALDO 5361 BLUE CRAB CIRCLE, #L6 BOKEELIA, FL. 33922	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HORNSBY, THOMAS 5261 BLUE CRAB CIRCLE #E5 BOKEELIA, FL 33922	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CELLA, GEORGETTE 5271 BLUE CRAB CIRCLE #F4 BOKEELIA, FL. 33922	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORRISON, RICHARD 5441 BLUE CRAB CIR., #R1 BOKEELIA, FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWENS, CHARLIE 5411 BLUE CRAB CIRCLE, P4 BOKEELIA, FL 33922	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILLON, JAMES 5441 BLUE CRAB CIRCLE, #R4 BOKEELIA, FL. 33922	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCNEILLY, JAMES 5481 BLUE CRAB CIR. #T6 BOKEELIA, FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 8/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #