

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90006 041 ****61.25

DOCUMENT # N05000003200 1. Entity Name CEDAR KEY GARDEN CLUB, INC.					
Principal Place of Business P.O. BOX 212 CEDAR KEY, FL 32625-0212			Mailing Address P.O. BOX 212 CEDAR KEY, FL 32625-0212		
2. Principal Place of Business - No P.O. Box # 8010 F ST.		3. Mailing Address Suite, Apt. #, etc.			
City & State CEDAR KEY, FL.		City & State			
Zip 32625		Country U.S.		4. FEI Number 43-2080032	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KING, LIA 782 7TH STREET CEDAR KEY, FL 32625			7. Name and Address of New Registered Agent Name MARCI WILCOX Street Address (P.O. Box Number is Not Acceptable) 8010 F ST. City CEDAR KEY FL Zip Code 32625		
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 <u><i>Marci Wilcox</i></u> 1/24/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PV KING, LIA 782 7TH ST CEDAR KEY, FL 32625 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCI WILCOX 8010 F ST CEDAR KEY FL 32625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, MARSHA 12407 LIVE OAK DR. CEDAR KEY, FL 32625 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANNE YOUNG (5051 G ST - NOT AVAIL. FOR MAIL) PO BOX 877 * CEDAR KEY, FL. 32625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEERS, LINDA PO BOX 834 (12430 GULF BV.) CEDAR KEY, FL 32625 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMY CERNHARDT (13951 SW 17th Place -*) CEDAR KEY, FL. 32625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Marci Wilcox</i></u> MARCI WILCOX			1/24/08 813-215-0050 <small>Date Daytime Phone #</small>		

* Very few addresses have mail delivery in