2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2008 8:00 am

DOCUMENT # N0500003200 1. Entity Name CEDAR KEY GARDEN CLUB, INC.				01-29-2008 90006 041 ****61.25				
Principal Place of Business P.O. BOX 212 CEDAR KEY, FL 32625-0212 Mailing Address P.O. BOX 212 CEDAR KEY, FL 32625-0212 CEDAR KEY, FL 32625-0212			212		IN COLOX (NAC 1/2) SONI DONAS EL 1891			
	lace of Business - No P.O. Box #	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.		01082008 Chg-NP	CR2E037 (12/06)			
	R KEY, FL.	City & State		4. FEI Number 43-2080032	Applied For Not Applicable			
Zip 3262	Country Country S. Name and Address of Current	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	Name .	7. Name and Address of New Reg	Istered Agent			
KING, LIA 782 7TH STREET CEDAR KEY, FL 32625			MAR	MARCI WILCOX. Street Address (P.O. Box Number is Not Acceptable)				
			City CEDA	R KEY	FL Zip Code 32625			
	named entity submits this statement for ions of registered agent.	r the purpose of changing its rec		red agent, or both, in the State of Florid				
SIGNATURE .	Marcially	b.v.			1/24/08			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature require	d when reinstating)	DATE			
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Mak	e check payable to a Department of State			
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Thereby detaily mak the miormation supplied with this tiling 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813.215-0050