2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# N29516

Entity Name: CASEY KEY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1004
SARASOTA, FL 34276 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1004
NOKOMIS, FL 34276 US

New Mailing Address:

FEI Number: 65-0123821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SETTER, ROBERT
1106 CASEY KEY RD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WITTMAN, DIETMAR H
Address: 990 GULFWINDS WAY
City-St-Zip: NOKOMIS, FL 34275 US

Title: VD ( ) Delete
Name: SETTER, ROBERT
Address: 1106 CASEY KEY ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: DS ( ) Delete
Name: CUMMINS, JAMES R
Address: 1050 GULF WINDS WAY
City-St-Zip: NOKOMIS, FL 34275

Title: TD ( ) Delete
Name: CRANOS, JAMES H
Address: 1118 CASEY KEY ROAD
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: WITTMANN, DIETMAR H
Address: 990 GULFWINDS WAY
City-St-Zip: NOKOMIS, FL 34275 US

Title: PD (X) Change ( ) Addition
Name: HARRICK, JOSEPH
Address: 1000 GULF WINDS WAY
City-St-Zip: NOKOMIS, FL 34275

Title: DS (X) Change ( ) Addition
Name: SICILIANO, ARTHUR
Address: 1010 GULF WINDS WAY
City-St-Zip: NOKOMIS, FL 34275

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 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 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: JAMES H. CRANOS TD 05/03/2005

Electronic Signature of Signing Officer or Director — Date