2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29516

FILED Mar 14, 2008 Secretary of State

Entity Name: CASEY KEY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	EY KEY ROA TA, FL 34274			
Current Mailing Address:		New Mailing Addres	ss:	
P O BOX ⁷ NOKOMIS	1004 6, FL 34274	US		
FEI Number	: 65-0123821	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	ROBERT EY KEY RD 5, FL 34275	US		
				1 66
	e named entit e of Florida.	y submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
	e of Florida.	y submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
in the State	e of Florida. RE:	y submits this statement for the position on the position on the position on the position of t		ed office or registered agent, or both, Date
in the State	e of Florida. RE:	onic Signature of Registered Ag	ent	
in the State	e of Florida. RE: Electro S AND DIRE	onic Signature of Registered Ago CTORS: () Delete DIETMAR H NDS WAY	ent	Date
in the State SIGNATUI OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electro S AND DIRE VD WITTMANN, 990 GULFWI NOKOMIS, F	onic Signature of Registered Age CTORS: () Delete DIETMAR H NDS WAY L 34275 US () Delete DSEPH WINDS WAY	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTORS
in the State SIGNATUI OFFICER: Title: Name: Address:	e of Florida. RE: Electron S AND DIRE VD WITTMANN, 990 GULFWI NOKOMIS, F PD HARRICK, JC 1000 GULF V NOKOMIS, F	onic Signature of Registered Age CTORS: () Delete DIETMAR H INDS WAY L 34275 US () Delete DSEPH WINDS WAY L 34275 () Delete ARTHUR WINDS WAY	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH A. MARTIN TD 03/14/2008