

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90049 032 ****61.25

DOCUMENT # N92000000021

1. Entity Name

RYE KEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

11901 RYE KEY DR
CEDAR KEY FL 32625
US

Mailing Address

PO BOX 586
CEDAR KEY FL 32625
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3184498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, MARY
11901 RYE KEY DR
CEDAR KEY FL 32625

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 **D** ☒ Delete
NAME **CARLTON, HAROLD**
STREET ADDRESS **OSPREY CIRCLE / PO BOX 165**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **D** ☐ Change ☒ Addition
NAME **LINDA SEYFERT**
STREET ADDRESS **12602 SR 24**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **PD** ☐ Delete
NAME **VIRLE, RICHARD**
STREET ADDRESS **11851 OSPREY WAY**
CITY-ST-ZIP **CEDAR KEY FL 33625**

TITLE **PD** ☒ Change ☐ Addition
NAME **RICHARD VIELE**
STREET ADDRESS **11851 OSPREY WAY**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **VD** ☐ Delete
NAME **MULDROW, PHIL**
STREET ADDRESS **16550 HERON LANE**
CITY-ST-ZIP **GAINESVILLE FL 32635**

TITLE **D** ☒ Change ☐ Addition
NAME **PHIL MULDROW**
STREET ADDRESS **16550 HERON LANE**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **STD** ☐ Delete
NAME **REYNOLDS, CHRISTOPHER**
STREET ADDRESS **12602 SR 34**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **STD** ☒ Change ☐ Addition
NAME **CHRISTOPHER REYNOLDS**
STREET ADDRESS **12602 SR 24**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **YD** ☐ Change ☒ Addition
NAME **JEFFREY FERRENCE**
STREET ADDRESS **12716 N.E. 109TH LANE**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/04 (352) 543-9222