2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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1. Entity Name
RYE KEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11901 RYE KEY DR CEDAR KEY, FL 32625 US	PO BOX 586 CEDAR KEY, FL 32625 US

01132006 No Chg-NP CR2E037 (11/05)

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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

STONE, MARY
11901 RYE KEY DR
CEDAR KEY, FL 32625

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000401717
02/02/06-80055-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEYFERT, LINDA
STREET ADDRESS	12602 SR 24
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	PD
NAME	VIELE, RICHARD
STREET ADDRESS	11851 OSPREY WAY
CITY-ST-ZIP	CEDAR KEY, FL 33625
TITLE	D
NAME	BUDNICK, EDWARD J
STREET ADDRESS	398 E. EVERGREEN AVE
CITY-ST-ZIP	PHILADELPHIA, PA 19118
TITLE	STD
NAME	REYNOLDS, CHRISTOPHER
STREET ADDRESS	12602 SR 24
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	VD
NAME	FERRENCE, JEFFREY
STREET ADDRESS	12716 N.E. 109TH LANE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: CHRISTOPHER REYNOLDS 1/24/06 (352) 543-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #