

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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
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01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

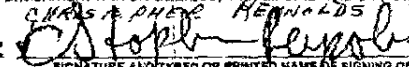
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1000000401717
02/02/06-80055-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEYFERT, LINDA 12602 SR 24 CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO VIELE, RICHARD 11851 OSPREY WAY CEDAR KEY, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUDNICK, EDWARD J 398 E. EVERGREEN AVE PHILADELPHIA, PA 19110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD REYNOLDS, CHRISTOPHER 12602 SR 24 CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FERRENCE, JEFFREY 12716 N.E. 109TH LANE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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