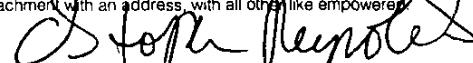


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 12, 2007 8:00 am
Secretary of State**

02-12-2007 90091 013 ****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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent STONE, MARY 11901 RYE KEY DR CEDAR KEY, FL 32625				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME: SEYFERT, LINDA STREET ADDRESS: 12602 SR 24 CITY-ST-ZIP: CEDAR KEY, FL 32625		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD NAME: VIELE, RICHARD STREET ADDRESS: 11851 OSPREY WAY CITY-ST-ZIP: CEDAR KEY, FL 33625		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: BUDNICK, EDWARD J STREET ADDRESS: 398 E. EVERGREEN AVE CITY-ST-ZIP: PHILADELPHIA, PA 19118		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		JUDITH DRAKE 11910 RYE KEY DR CEDAR KEY FL 32625	
TITLE: STD NAME: REYNOLDS, CHRISTOPHER STREET ADDRESS: 12602 SR 24 CITY-ST-ZIP: CEDAR KEY, FL 32625		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: FERRENCE, JEFFREY STREET ADDRESS: 12716 N.E. 109TH LANE CITY-ST-ZIP: ALACHUA, FL 32615		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowerments.							
SIGNATURE: 				<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> (352) 543-6825			