


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N92000000021</b> 1. Entity Name <b>RYE KEY HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>11901 RYE KEY DR CEDAR KEY, FL 32625 US</b>	Mailing Address <b>PO BOX 586 CEDAR KEY, FL 32625 US</b>
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**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3184498</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000785011 01/16/08-80077-019 61.25</b>
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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	PD VIELE, RICHARD 11851 OSPREY WAY CEDAR KEY, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKE, JUDITH 11910 RYE KEY DRIVE CEDAR KEY, FL 32625
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	

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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:**  **1/14/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #