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Apr 01 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 726735 (4)  
 1. Corporation Name  
 THE CAY CONDOMINIUM INC



Principal Place of Business Mailing Address  
 601 OCEAN DR W PO BOX 510069  
 KEY COLONY BEACH FL 33051 KEY COLONY BCH FL 33051-0069  
 US US

3. Date Incorporated or Qualified 06/19/1973  
 3a. Date of Last Report 03/12/1996  
 4. FEI Number 59-1506368 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
 STEVENS, RONALD L  
 601 W. OCEAN DRIVE  
 KEY COLONY BEACH FL 33051-0069

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, RONALD	1.2 NAME	
STREET ADDRESS	601 W. OCEAN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY COLONY BCH. FL 33051-0069	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY ENSIGN	2.2 NAME	JANICE MILLER
STREET ADDRESS	601 W. OCEAN DRIVE	2.3 STREET ADDRESS	601 W. OCEAN DR.
CITY-ST-ZIP	KEY COLONY BCH FL 33051-0069	2.4 CITY-ST-ZIP	Key Colony Beach, FL 33051
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER, ROY	3.2 NAME	
STREET ADDRESS	601 W. OCEAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY COLONY BCH. FL 33051-0069	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIL, ARBARA	4.2 NAME	
STREET ADDRESS	807 OXFORD CREST	4.3 STREET ADDRESS	
CITY-ST-ZIP	VILLANOVA PA	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNAVEELY, THOMAS	5.2 NAME	
STREET ADDRESS	601 W. OCEAN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY COLONY FL 33051-0069	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEENEY, VERN	6.2 NAME	COLE TRACY
STREET ADDRESS	601 W. OCEAN DRIVE	6.3 STREET ADDRESS	601 W. OCEAN DR.
CITY-ST-ZIP	KEY COLONY BEACH FL	6.4 CITY-ST-ZIP	Key Colony Beach FL 33051

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 5/26/97 305-289-1258  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024868

CR2E037 (9/96)