


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90202 045 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726735**

1. Corporation Name

**THE CAY CONDOMINIUM INC**

Principal Place of Business  
 601 OCEAN DR W  
 KEY COLONY BEACH FL 33051  
 US

Mailing Address  
 PO BOX 510069  
 KEY COLONY BCH FL 33051-0069  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/19/1973</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1506368</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**MILLER, JANICE**  
**601 W OCEAN DR**  
**KEY COLONY BEACH FL 33051**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JANICE	1.2 NAME	MICHENER, WILLIAM
STREET ADDRESS	601 W OCEAN DR	1.3 STREET ADDRESS	601 W OCEAN DR
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	1.4 CITY-ST-ZIP	Key Colony Beach, FL 33051
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHENER, WILLIAM	2.2 NAME	TRACY COLE
STREET ADDRESS	601 W OCEAN DR	2.3 STREET ADDRESS	601 W OCEAN DR
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	2.4 CITY-ST-ZIP	Key Colony Beach, FL 33051
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	TR & SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY, COLE	3.2 NAME	WEIL ROBERT
STREET ADDRESS	601 W OCEAN DR	3.3 STREET ADDRESS	601 W OCEAN
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	3.4 CITY-ST-ZIP	Key Colony Beach, FL 33051
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEIL, ROBERT	4.2 NAME	HOPPOK, KAY
STREET ADDRESS	807 OXFORD CREST	4.3 STREET ADDRESS	601 W OCEAN
CITY-ST-ZIP	VILLANOVA PA 19085	4.4 CITY-ST-ZIP	Key Colony Beach, FL 33051
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELLING, MICHAEL	5.2 NAME	BRADEN, SPRUIELL
STREET ADDRESS	601 W OCEAN DR	5.3 STREET ADDRESS	601 W OCEAN
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	5.4 CITY-ST-ZIP	Key Colony Beach, FL 33051
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	HOFFMAN, MICHAEL	6.2 NAME	
STREET ADDRESS	15 MESSENGER LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANDS POINT NY 11050	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

2891581

Daytime Phone #

CR2E037 (11/98)