

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726735

1. Entity Name

THE CAY CONDOMINIUM INC

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90323 031 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1506368

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name - MICHENER, WILLIAM
 Street Address (P.O. Box Number is Not Acceptable)
 601 W. OCEAN DR
 Key Colony Beach, FL
 City FL Zip Code 33051

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.

SIGNATURE

William M. Michener

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

(NOTE: Registered Agent signature required when reinstating)

Jan 12 2000

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOPPOK, KAY	
STREET ADDRESS	601 W OCEAN DR	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	
TITLE	P	<input type="checkbox"/> Delete
NAME	MICHENER, WILLIAM	
STREET ADDRESS	601 W OCEAN DR	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRACY, COLE	
STREET ADDRESS	601 W OCEAN DR	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	
TITLE	TS	<input type="checkbox"/> Delete
NAME	WEIL, ROBERT	
STREET ADDRESS	807 OXFORD CREST	
CITY-ST-ZIP	VILLANOVA PA 19085	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FELLING, MICHAEL	
STREET ADDRESS	601 W OCEAN DR	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADEN, SPRUILLE	
STREET ADDRESS	601 W OCEAN	
CITY-ST-ZIP	KEY COLONY BCH FL 33051	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOREY THOMAS	
STREET ADDRESS	61 W. Stonebrooke	
CITY-ST-ZIP	Chagrins Falls, Ott. 44022	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TMARES, MICHAEL	
STREET ADDRESS	422 Anchorage Ct.	
CITY-ST-ZIP	Hampton, VA. 23666	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. COURSEN, JOHN	
STREET ADDRESS	75 MARTINBALE LN.	
CITY-ST-ZIP	Fairfield, Ct. 06430	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWELL, ROBERT	
STREET ADDRESS	807 OXFORD CREST	
CITY-ST-ZIP	VILLANOVA, PA 19085	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

William M. Michener

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12 2000

Date

Daytime Phone #

CR2E037 (9/99)