

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90004 019 ****61.25

DOCUMENT # 726735

1. Entity 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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHENER, WILLIAM
601 W OCEAN DR
KEY COLONY BEACH FL 33051

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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	T	<input type="checkbox"/> Delete
NAME	MARES, MICHAEL	
STREET ADDRESS	422 ANCHORAGE COURT	
CITY-ST-ZIP	HAMPTON VA 23666	
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	S	<input type="checkbox"/> Delete
NAME	KILKER, SUZANNE	
STREET ADDRESS	PO BOX 4776	
CITY-ST-ZIP	TIMONIUM MD 21094-4776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COURSEN, JOHN	
STREET ADDRESS	75 MARTINGALE LANE	
CITY-ST-ZIP	FAIRFIELD CT 06430	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, CHARLES	
STREET ADDRESS	170 PHEASANT RUN DRIVE	
CITY-ST-ZIP	CHAGRIN FALLS OH 44022	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLKER, SUZANNE	
STREET ADDRESS	PO BOX 4776	
CITY-ST-ZIP	TIMONIUM, MD 21094-4776	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELIN, CARL	
STREET ADDRESS	103 EDGEWOOD DR	
CITY-ST-ZIP	PORTLAND, WASH. 98365	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snavey, Jeanne	
STREET ADDRESS	38003 - Fairmount Blvd	
CITY-ST-ZIP	Hunting valley OH. 44022	

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 Michener
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)