

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90323 023 ****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**

14000678



1st MOORE CR2E037 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William M. Michener MD* DATE *4/20/05*

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
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	T MARES, MICHAEL <input type="checkbox"/> Delete
STREET ADDRESS	422 ANCHORAGE COURT
CITY-ST-ZIP	HAMPTON VA 23666
TITLE NAME	P MICHENER, WILLIAM <input type="checkbox"/> Delete
STREET ADDRESS	601 W OCEAN DR
CITY-ST-ZIP	KEY COLONY BEACH FL 33051
TITLE NAME	✓ TRACY, COLE <input type="checkbox"/> Delete
STREET ADDRESS	601 W OCEAN DR
CITY-ST-ZIP	KEY COLONY BEACH FL 33051
TITLE NAME	S KOLKER, SUZANNE <input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 4776
CITY-ST-ZIP	TIMONIUM MD 21094-4776
TITLE NAME	D SELIN, CARL <input type="checkbox"/> Delete
STREET ADDRESS	103 EDGEWOOD DR
CITY-ST-ZIP	PORT LUDLOW WA 98365
TITLE NAME	D WINTERICH, DANIEL <input type="checkbox"/> Delete
STREET ADDRESS	2848 EAST OVERLOOK RD.
CITY-ST-ZIP	CLEVELAND OH 44118

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Mcwey, Beth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8038 J. Warren Ave
CITY-ST-ZIP	Wauwatosa, WI. 53212
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #