

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90406 014 \*\*\*\*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**

**90022137**



CHECK HERE IF MAKING CHANGES

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

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

SIGNATURE

*William M. Michener*

*JAN 30, 03*

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MARES, MICHAEL</b>	
STREET ADDRESS	<b>422 ANCHORAGE COURT</b>	
CITY-ST-ZIP	<b>HAMPTON VA 23666</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MICHENER, WILLIAM</b>	
STREET ADDRESS	<b>601 W OCEAN DR</b>	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL 33051</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>TRACY, COLE</b>	
STREET ADDRESS	<b>601 W OCEAN DR</b>	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL 33051</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KOLKER, SUZANNE</b>	
STREET ADDRESS	<b>PO BOX 4776</b>	
CITY-ST-ZIP	<b>TIMONIUM MD 21094-4776</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SELIN, CARL</b>	
STREET ADDRESS	<b>103 EDGEWOOD DR</b>	
CITY-ST-ZIP	<b>PORT LUDLOW WA 98365</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLLINS, CHARLES</b>	
STREET ADDRESS	<b>170 PHEASANT RUN DRIVE</b>	
CITY-ST-ZIP	<b>CHAGRIN FALLS OH 44022</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>D\$ snavelly, Jeanne</i>	
STREET ADDRESS	<i>38003 1 Fairmount Blvd.</i>	
CITY-ST-ZIP	<i>Hunting Valley, OH. 44022</i>	
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		

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*

*JAN 30, 03 (30) 289-*

CR2E037 (10/02)