

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

2-7-95 B-970-C
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morriam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:14

DOCUMENT # 727991 (2)
 1. Corporation Name
CARIBAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 3480 E. LAKE RD., SUITE C 552 MAIN STR
 P.O. BOX 1448 SAFETY HARBOR FL 34695
 PALM HARBOR FL 34682-8448 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1973	3a. Date of Last Report 03/18/1994
4. FEI Number 59-1790813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suits, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
MEZER, STEVEN H PA
1212 COURT STREET SUITE B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	-STD-
NAME	D'AGOSTINO, BETTY
STREET ADDRESS	2980 HAINES BAYSHORE 132
CITY-ST-ZIP	CLEARWATER FL
TITLE	BP
NAME	LAVENTURE, PEGGY
STREET ADDRESS	2980 HAINES BAYSHORE 111
CITY-ST-ZIP	CLEARWATER, FL 00000
TITLE	VPD-
NAME	KITCHEN, SAM
STREET ADDRESS	2980 HAINES BAYSHORE #147
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D'AGOSTINO, BETTY	
1.3 STREET ADDRESS	2980 HAINES BAYSHORE #132	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34620	
2.1 TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAVENTURE, PEGGY	
2.3 STREET ADDRESS	2980 HAINES BAYSHORE #111	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34620	
3.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SINWELSKI, JECOME	
3.3 STREET ADDRESS	2980 HAINES BAYSHORE, #150	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34620	
4.1 TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FOIKENFLIK, DAVID P.	
4.3 STREET ADDRESS	2980 HAINES BAYSHORE #158	
4.4 CITY-ST-ZIP	CLEARWATER, FL 34620	
5.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HERMAN, THOMAS	
5.3 STREET ADDRESS	6115 62nd AVE N.	
5.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665	
6.1 TITLE	TRSA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILCOX, S. MURRAY	
6.3 STREET ADDRESS	2980 HAINES BAYSHORE #131	
6.4 CITY-ST-ZIP	CLEARWATER, FL 34620	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: S. M. Murray Wardwell, Treas. 1/31/95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature (Please Print))