

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 727991 (2)

1. Corporation Name

CARIBAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3490 E. LAKE RD., SUITE C
P.O. BOX 1448
PALM HARBOR FL 34682-8448

552 MAIN STR
SAFETY HARBOR FL 34695
US

3. Date Incorporated or Qualified **11/09/1973** 3a. Date of Last Report **02/07/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1790813	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEZER, STEVEN H PA
1212 COURT STREET SUITE B
CLEARWATER FL 34616**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAGOSTINO, BETTY	1.2 NAME	KITCHIN, SAM
STREET ADDRESS	2980 HAINES BAYSHORE #132	1.3 STREET ADDRESS	2980 HAINES BAYSHORE #147
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	CLEARWATER, FLA 34620
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVENTURE, PEGGY	2.2 NAME	LAVENTURE, PEGGY
STREET ADDRESS	2980 HAINES BAYSHORE #111	2.3 STREET ADDRESS	2980 HAINES BAYSHORE #111
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	CLEARWATER, FLA 34620
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINWELSKI, JEROME	3.2 NAME	
STREET ADDRESS	2980 HAINES BAYSHORE #150	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLKENFLIK, DAVID P	4.2 NAME	DOUMAR, ROSAMOND
STREET ADDRESS	2980 HAINES BAYSHORE #158	4.3 STREET ADDRESS	2980 HAINES BAYSHORE #156
CITY - ST - ZIP	CLEARWATER FL	4.4 CITY - ST - ZIP	CLEARWATER, FLA 34620
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, THOMAS	5.2 NAME	HERMAN THOMAS
STREET ADDRESS	6115 62ND AVE N	5.3 STREET ADDRESS	2980 HAINES BAYSHORE #145
CITY - ST - ZIP	PINELLAS PARK FL	5.4 CITY - ST - ZIP	CLEARWATER, FLA 34620
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARDWELL, S MCBURNEY	6.2 NAME	
STREET ADDRESS	2980 HAINES BAYSHORE #131	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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. MCBurney Wardwell, Treas.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (813)530-7380
DATE DAYTIME PHONE #

CF2E037 (12/95)