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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 34682-9448

552 MAIN STR
SAFETY HARBOR FL 34895-3549
US

3. Date Incorporated or Qualified
11/09/1973

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-1790813

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME D
KITCHIN, SAM
STREET ADDRESS 2980 HAINES BAYSHORE, # 147
CITY - ST - ZIP CLEARWATER FL

1.1 TITLE S/D Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DELETE
NAME S
LAURENTE, PEGGY
STREET ADDRESS 2980 HAINES BAYSHORE, # 111
CITY - ST - ZIP CLEARWATER FL

2.1 TITLE D Change Addition
2.2 NAME WIRDE, DONALD
2.3 STREET ADDRESS 2980 HAINES BAYSHORE #115
2.4 CITY - ST - ZIP CLEARWATER, FL 34620

TITLE DELETE
NAME VP
SINWELSKI, JEROME
STREET ADDRESS 2980 HAINES BAYSHORE #150
CITY - ST - ZIP CLEARWATER FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME D
DONAHAU, ROSAMOND
STREET ADDRESS 2980 HAINES BAYSHORE, # 145
CITY - ST - ZIP CLEARWATER FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME P
THOMAS, HERMAN
STREET ADDRESS 2980 HAINES BAYSHORE, # 145
CITY - ST - ZIP CLEARWATER FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME T
WARDWELL, S MCBURNEY
STREET ADDRESS 2980 HAINES BAYSHORE #131
CITY - ST - ZIP CLEARWATER FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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. Burney Wardwell (S. M. BURNNEY WARDWELL, TREAS. 1/18/97 ph: 530-7380)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000270

CR2E037 (9/96)