

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # **727991** (2)

1. Corporation Name
CARIBAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3490 E. LAKE RD., SUITE C P.O. BOX 1448 PALM HARBOR FL 34682-0448	Mailing Address 552 MAIN STR SAFETY HARBOR FL 34695 US
-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

3. Date Incorporated or Qualified
11/09/1973

4. FEI Number 59-1790813	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	-----------------------------------------	-------------------------------------------------------

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD President <input checked="" type="checkbox"/> DELETE	1.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITCHIN, SAM	1.2 NAME KITCHIN, SAMUEL
STREET ADDRESS	2980 HAINES BAYSHORE, # 147	1.3 STREET ADDRESS 2980 HAINES BAYSHORE, # 147
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP CLEARWATER, FL 33760
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDE, DONALD	2.2 NAME Winnie, Donald
STREET ADDRESS	2780 HAINES BAYSHORE #125	2.3 STREET ADDRESS 2980 Haines Bayshore #125
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP Clearwater, FL 33760
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINWELSKI, JEROME	3.2 NAME Van Lehn, Carolyn
STREET ADDRESS	2980 HAINES BAYSHORE #150	3.3 STREET ADDRESS 2980 Haines Bayshore #135
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP Clearwater, FL 33760
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHOU, ROSAMOND	4.2 NAME Donahoe, Rosamond
STREET ADDRESS	2980 HAINES BAYSHORE, # 145	4.3 STREET ADDRESS 2980 Haines Bayshore #145
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP Clearwater, FL 33760
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, HERMAN	5.2 NAME Lozier, Lornezo
STREET ADDRESS	2980 HAINES BAYSHORE, # 145	5.3 STREET ADDRESS 2980 Haines Bayshore #159
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP Clearwater, FL 33760
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARDWELL, S. MCBURNEY	6.2 NAME WARDWELL, S. MCBURNEY
STREET ADDRESS	2980 HAINES BAYSHORE #131	6.3 STREET ADDRESS 2980 HAINES BAYSHORE, #131
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP CLEARWATER, FL 33760

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/20/98 (813) 530-7380

CR2E037 (10/97)