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Secretary of State

03-01-1999 90055 034 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727991

1. Corporation Name

CARIBAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

552 MAIN STR
 SAFETY HARBOR FL 34695
 US



2. Principal Place of Business 21 2980 HAINES BAYSHORE CLEARWATER FL 33760 PINELLAS	2a. Mailing Address 26 1700 MC MULLEN BOOTH RD SUITE C 3 CLEARWATER FL 33759 PINELLAS	3. Date Incorporated or Qualified 11/09/1973 4. FEI Number 59-1790813 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
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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	LEIGHTON, LENNARD A.
82 Street Address	C/O SEABOARD ARBORS MGMT SERV
83 City	1700 MC MULLEN BOOTH RD, STE C3
84 State	CLEARWATER FL 33759

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]
 Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME KITCHIN, SAM STREET ADDRESS 2980 HAINES BAYSHORE, # 147 CITY-ST-ZIP CLEARWATER FL	1.1 TITLE 1.2 NAME PD VAN LEHN, CAROLYN 1.3 STREET ADDRESS 2980 HAINES BAYSHORE #135 1.4 CITY-ST-ZIP CLEARWATER, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE NAME WINDE, DONALD STREET ADDRESS 2980 HAINES BAYSHORE 125 CITY-ST-ZIP CLEARWATER FL	2.1 TITLE SD 2.2 NAME BROOKS, GERALDINE D 2.3 STREET ADDRESS 2980 HAINES BAYSHORE #133 2.4 CITY-ST-ZIP CLEARWATER, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD <input type="checkbox"/> DELETE NAME VANLEHN, C STREET ADDRESS 2980 HAINES BAYSHORE #150 CITY-ST-ZIP CLEARWATER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD <input type="checkbox"/> DELETE NAME DONAHAU, ROSAMOND STREET ADDRESS 2980 HAINES BAYSHORE, # 145 CITY-ST-ZIP CLEARWATER FL	4.1 TITLE VPD 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE NAME LOZIER, L STREET ADDRESS 2980 HAINES BAYSHORE, # 145 CITY-ST-ZIP CLEARWATER FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD <input checked="" type="checkbox"/> DELETE NAME WARDWELL, S MCBURNEY STREET ADDRESS 2980 HAINES BAYSHORE #131 CITY-ST-ZIP CLEARWATER FL	6.1 TITLE TD 6.2 NAME RALEIGH, TIME G 6.3 STREET ADDRESS 2980 HAINES BAYSHORE #113 6.4 CITY-ST-ZIP CLEARWATER, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1499 539-1171
 Date Daytime Phone #

CR2E037 (1/98)