

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727991

1. Entity Name

CARIBAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2980 HAINES BAYSHORE
CLEARWATER FL 33760

Mailing Address

1700 MCMULLEN BOOTH ROAD
SUITE C3
CLEARWATER FL 33759-2129
US

2. Principal Place of Business

3. Mailing Address

St C/O SEABOARD ARBORS
MANAGEMENT SVC, INC
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765
US

C/O SEABOARD ARBORS
MANAGEMENT SVC, INC
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1790813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MGMNT. SERV.
1700 MCMULLEN BOOTH ROAD, STE. C3
CLEARWATER FL 33759

Na
Str LEIGHTON, LEN
C/O SEABOARD ARBORS
MANAGEMENT SVC, INC
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765
US

table)

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office from _____ of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	VAN LEHN, CAROLYN	
STREET ADDRESS	2980 HAINES BAYSHORE #135	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	☒ Delete
NAME	WINDE, DONALD	
STREET ADDRESS	2980 HAINES BAYSHORE 125	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	☒ Delete
NAME	VANLEHN, C	
STREET ADDRESS	2980 HAINES BAYSHORE #150	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	☐ Delete
NAME	DONAHAU, ROSAMOND	
STREET ADDRESS	2980 HAINES BAYSHORE, # 145	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☐ Delete
NAME	LOZIER, L	
STREET ADDRESS	2980 HAINES BAYSHORE, # 145	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	☐ Delete
NAME	RALEIGH, TINE G	
STREET ADDRESS	2980 HAINES BAYSHORE #113	
CITY-ST-ZIP	CLEARWATER FL 33760	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	KITCHIN, SAM	
STREET ADDRESS	2980 HAINES BAYSHORE #147	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	SD	☐ Change ☒ Addition
NAME	WINNE, SALLY	
STREET ADDRESS	2980 HAINES BAYSHORE #125	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	☐ Change ☒ Addition
NAME	D'AGOSTINO, BETTE	
STREET ADDRESS	2980 HAINES BAYSHORE #132	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #