

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

0063915

DOCUMENT # 727991

1. Entity Name

CARIBAY CONDOMINIUM ASSOCIATION, INC.

02-05-2001 90080 034 ****61.25

Principal Place of Business

Mailing Address

C/O SEABOARD ARBORS MGMT SVC INC
 2189 CLEVELAND ST STE 225
 CLEARWATER FL 33765

C/O SEABOARD ARBORS MGMT SVC INC
 2189 CLEVELAND ST STE 225
 CLEARWATER FL 33765
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1790813

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MGMT SVC INC
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD KITCHIN, SAM	<input type="checkbox"/> Delete
STREET ADDRESS	2980 HAINES BAYSHORE # 147	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE NAME	SD WINNE, SALLY	<input type="checkbox"/> Delete
STREET ADDRESS	2980 HAINES BAYSHORE 125	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE NAME	D D'AGOSTINO, BETTE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2980 HAINES BAYSHORE # 132	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE NAME	VPD DONAHU, ROSAMOND	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2980 HAINES BAYSHORE, # 145	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	D LOZIER, L	<input type="checkbox"/> Delete
STREET ADDRESS	2980 HAINES BAYSHORE, # 145	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	TD RALEIGH, TINE G	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2980 HAINES BAYSHORE #113	
CITY-ST-ZIP	CLEARWATER FL 33760	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D BROOKS, GERALDINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2980 HAINES BAYSHORE # 133	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	D MC GEVNA, JEAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2980 HAINES BAYSHORE # 123	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD STOTHARD, GEORGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2980 HAINES BAYSHORE # 141	
CITY-ST-ZIP	CLEARWATER FL	

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SAMUEL F. KITCHIN 1/30/01 531-0800

CR2E037 (10/00)