

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90178 012 ****61.25

DOCUMENT # 727991

1. Entity Name

CARIBAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O SEABOARD ARBORS MGMT SVC INC 2100 CLEVELAND ST STE 225 CLEARWATER FL 33765	Mailing Address C/O SEABOARD ARBORS MGMT SVC INC 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-1790813**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**LEIGHTON, LENNARD A
 C/O SEABOARD ARBORS MGMT SVC INC
 2189 CLEVELAND ST STE 225
 CLEARWATER FL 33765**

7. Name and Address of New Registered Agent
 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

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KITCHIN, SAM 2000 HAINES BAYSHORE # 147 CLEARWATER FL 33760	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINNE, SALLY 2000 HAINES BAYSHORE 125 CLEARWATER FL 33760	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AGOSTINO, BETTE 2000 HAINES BAYSHORE # 132 CLEARWATER FL 33760	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DONAHU, ROSAMOND 2000 HAINES BAYSHORE, # 145 CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOZIER, L 2000 HAINES BAYSHORE, # 145 CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RALEIGH, TINE G 2000 HAINES BAYSHORE #113 CLEARWATER FL 33760	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rob Zimmerman 2980 Haines Bayshore #110 Clearwater, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD George Stothard 2980 Haines Bayshore #141 Clearwater, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jean McGevna 2980 Haines Bayshore #123 Clearwater, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doug Nederveld 2980 Haines Bayshore #139 Clearwater, FL 33760	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: SAMUEL KITCHIN PRES. Date: 1.23.02 Daytime Phone #: 727.531.0800

CP2002 (9/01)