


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90162 050 ****61.25

DOCUMENT # 727991			
1. Entity Name CARIBAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O SEABOARD ARBORS MGMT SVC INC 2189 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1790813		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

90027901



1st MOORE CR2E037 (10/04)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KITCHIN, SAM		NAME	Cocca, John			
STREET ADDRESS	2980 HAINES BAYSHORE # 147		STREET ADDRESS	2980 Haines Bayshore #111			
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP	Clearwater, FL 33760			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WINNE, SALLY		NAME	Raleigh, Tine			
STREET ADDRESS	2980 HAINES BAYSHORE 125		STREET ADDRESS	2980 Haines Bayshore #113			
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP	Clearwater, FL 33760			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DONAHOE, RHO		NAME	Faul-McGlone, Susan			
STREET ADDRESS	2980 HAINES BAYSHORE #156		STREET ADDRESS	2980 Haines Bayshore #120			
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP	Clearwater, FL 33760			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MCGEVNA, JEAN		NAME	Puorro, Darren			
STREET ADDRESS	2980 HAINES BAYSHORE #123		STREET ADDRESS	2980 Haines Bayshore #155			
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP	Clearwater, FL 33760			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERMAN, TOM		NAME				
STREET ADDRESS	2980 HAINES BAYSHORE #145		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FERRENTINO, DOROTHY		NAME				
STREET ADDRESS	2980 HAINES BAYSHORE #130		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33760		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 all other like empowered.

SIGNATURE: Dorothy V. Ferrentino **1-31-05** **727 536-1356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #