


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90055 006 ****61.25

DOCUMENT # 727991
1. Entity Name
CARIBAY CONDOMINIUM ASSOCIATION, INC.



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 - No P.O. Box # Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
Zip Country Zip Country

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
**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHARNA, SAMANT 2980 HAINES BAYSHORE #111 CLEARWATER FL 33760 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RALEIGH, TINE 2980 HAINES BAYSHORE #113 CLEARWATER FL 33760 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DONAHOE, RHO 2980 HAINES BAYSHORE #156 CLEARWATER FL 33760 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERSHING, BRIAN 2980 HAINES BAYSHORE #105 CLEARWATER FL 33760 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAREY, SUE 2980 HAINES BAYSHORE #131 CLEARWATER FL 33760 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERRENTINO, DOROTHY 2980 HAINES BAYSHORE #130 CLEARWATER FL 33760 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WINNE, SALLY 2980 HAINES BAYSHORE #125 CLEARWATER, FL 33760 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FAUL-MC GLONE, SUSAN 2980 HAINES BAYSHORE #120 CLEARWATER, FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUFFUM, STEVE 2980 HAINES BAYSHORE #137 CLEARWATER, FL 33760 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PUORRO, DARREN 2980 HAINES BAYSHORE #155 CLEARWATER, FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Dorothy V. Ferrentino 1-31-07 727-265-8958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #