

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727991

FILED  
Mar 17, 2010  
Secretary of State

**Entity Name:** CARIBAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

28100 U.S. HWY. 19 N  
205  
CLEARWATER, FL 33761

**New Principal Place of Business:**

7300 PARK ST.  
SEMINOLE, FL 33777 US

**Current Mailing Address:**

28100 U.S. HWY. 19 N  
205  
CLEARWATER, FL 33761

**New Mailing Address:**

7300 PARK ST.  
SEMINOLE, FL 33777 US

**FEI Number:** 59-1790813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REINHARDT, DEBBIE  
C/O RESOURCE PROPERTY MANAGEMENT  
28100 U.S. HWY. 19 N. STE. 205  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

REINHARDT, DEBBIE  
7300 PARK ST.  
SEMINOLE, FL 33777 US

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: DEBBIE REINHARDT

03/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FERRENTINO, DOROTHY  
Address: 2980 HAINES BAYSHORE # 130  
City-St-Zip: CLEARWATER, FL 33760

Title: DS  
Name: WINNIE, SALLY  
Address: 2980 HAINES BAYSHORE #125  
City-St-Zip: CLEARWATER, FL 33760

Title: DVP  
Name: FAUL-MCGLONE, SUSAN  
Address: 2980 HAINES BAYSHORE # 120  
City-St-Zip: CLEARWATER, FL 33760

Title: DT  
Name: PERSHING, BRIAN  
Address: 2980 HAINES BAYSHORE #105  
City-St-Zip: CLEARWATER, FL 33760

Title: D  
Name: SHARMA, SAMANT  
Address: 2980 HAINES BAYSHORE #111  
City-St-Zip: CLEARWATER, FL 33760

Title: D  
Name: WESNER, SONYA  
Address: 2980 HAINES BAYSHORE # 142  
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOROTHY FERRENTINO

DP

03/17/2010

Electronic Signature of Signing Officer or Director

Date