2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727991



FILED

Jan 15, 2003 8:00 am

Secretary of State 1. Entity Name 01-15-2003 90240 021 ****61.25 CARIBAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O SEABOARD ARBORS MGMT SVC INC C/O SEABOARD ARBORS MGMT SVC INC 20007879 € 2189 CLEVELAND ST STE 225 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1790813 Applied For Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name = LEIGHTON, LENNARD A Street Address (P.O. Box Number is Not Acceptable) C/O SEABOARD ARBORS MGMT SVC INC 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. PD TITLE ☐ Delete TITLE ■ Addition D KITCHIN, SAM NAME NAME STREET ADDRESS 2980 HAINES BAYSHORE # 147 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33760 CITY-ST-ZIP SD ☐ Delete TITLE TITLE ☐ Change ☐ Addition Winne, Sally NAME NAME STREET ADDRESS 2980 HAINES BAYSHORE 125 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33760 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TD ZIMMERMAN, ROB NAME STREET ADDRESS 2980 HAINES BAYSHORE #110 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33760** CITY-ST-ZIP VPD / ☐ Delete TITLE ☐ Change ☐ Addition MCGEVNA, JEAN NAME NAME STREET ADDRESS 2980 HAINES BAYSHORE #123 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33760 CITY-ST-ZIP TITLE Delete TITLE PD ☐ Change Addition NAME NEDERVELD. DOUG NAME HERMAN, TOM STREET ADDRESS 2980 HAINES BAYSHORE #139 STREET ADDRESS 2980 HAINES BAYSHORE #145 CITY-ST-ZIP **CLEARWATER FL 33760** CITY-ST-ZIP CLEARWATER FL 33760 TITLE Delete TITLE ☐ Change Addition NAME raleigh, tine G NAME FERRENTINO, DOROTHY STREET ADDRESS 2980 HAINES BAYSHORE #113 STREET ADDRESS 2980 HAINES BAYSHORE #130

CLEARWATER FL 33760 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in resection The original 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 tristee 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.

CITY-ST-ZIP

SIGNATURE:

CLEARWATER FL 33760

CITY-ST-ZIP