

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728794 (9)
1. Corporation Name
CAYMAN CAY VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O 1541 P O 1541
HOLMES BEACH FL 34218 HOLMES BEACH FL 34218

3. Date Incorporated or Qualified 02/11/1974 3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BANNON, SUSAN
4307 GULF DR. #108
HOLMES BCH. FL 34217

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, TERRY	1.2 NAME	
STREET ADDRESS	1480 GOLFVIEW DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	1.4 CITY - ST - ZIP	
TITLE	TM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BANNON, SUSAN	2.2 NAME	
STREET ADDRESS	4307 GULF DR #108	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLMES BEACH, FL 00000	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTH, DORCAS A	3.2 NAME	
STREET ADDRESS	3028 CASCADE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROY	4.2 NAME	
STREET ADDRESS	4307 GULF DR., #209	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOLMES BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan O'Bannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96 941 795-3108

Date

Daytime Phone #

CR2E037 (12/95)