## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(9)

CAYMAN CAY VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address								
P O 1541		P O 1541				3. Date Incorporated or Qualified		
HOLMES BEACH FL 34218		HOLMES BEACH FL 34218				02/11/1974		
							plied For	
							t Applicable	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			5. Certificate of Status Desired S8.75 A	dditional	
21 26						Fee Re		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing\$5.00 A		
22		27				Trust Fund Contribution		
City & Stat	0	City & State	<b>⊢</b> '			7. Is this nonprofit corporation a homeowners association?		
23	Country	Zip Country			☐ Yes ☑ No			
Zip 24			—	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No		
24	9. Name and Address of Curr	rent Registered Agent	30			1p. Name and Address of New Registered Agent	1110	
				61	Name	10, 11		
OPANA	IONI CHICANI							
O'BANNON, SUSAN 4307 GULF DR. #108				82 Street Address (P.O. Box Number is Not Acceptable)				
HOLMES BCH. FL 34217				63				
TOURIE	DOM: TE OVET							
				64	City	FL 85 Zip C	20de	
SIGNATURE	Signature, typed or printed name of registered					corporation submits this statement for the purpose of changing its oration's board of directors. I hereby accept the appointment as equired when reinstaing)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	<del></del>	
TITLE			DELETE 1.1 T		1	☐ Change	Addition	
NAME	MCDONALD, TERRY		1.2 N	ME		•		
STREET ADDRESS	1460 GOLFVIEW DR.		1.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	AVON PARK FL		1.4 CI	1.4 CITY-ST-ZIP				
TITLE	TM			2.1 TITLE		☐ Change	☐ Addition	
NAME	O'BANNON, SUSAN		2.2 N	2.2 NAME				
STREET ADDRESS			2.3 \$1	2.3 STREET ADDRESS				
CITY-ST-ZIP				2.4 CITY-ST-ZIP			<b>,</b>	
TOTLE	<del>45</del>			3.1 TITLE		☐ Change	Addition	
NAME	TOTH, DORCAS A		3.2 N/					
STREET ADDRESS	3028 CASCADE DR				ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			3.4. CITY-ST-ZIP		Change	Addition	
TITLE	PD VENNETU					L) Change	TT YOURION	
NAME	CLARK, KENNETH		4.2 N		ADDDTOS			
STREET ADDRESS	LIGHTED BETAGILE			4.3 STREET ADDRESS				
CITY-ST-ZIP TITLE				4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition	
NAME		- 000010	5.2 N/			Change		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP								
TITLE				5.4 CITY-ST-ZIP		Change	Addition	

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

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 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.

2-24-98

**FILED** 

Mar 02 1998 8:00am

Secretary of State