**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 04, 2002 8:00 am DOCUMENT # 728794 Secretary of State 1. Entity Name CAYMAN CAY VILLAS CONDOMINIUM ASSOCIATION. INC. 02-04-2002 90137 024 \*\*\*\*61.25 Principal Place of Business Mailing Address P O 1541 P O 1541 HOLMES BEACH FL 34218 HOLMES BEACH FL 34218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) O'BANNON, SUSAN 4307 GULF DR #108 HOLMES BCH. FL 34217 City 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 **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 Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (9/01) Delete TITLE COSTA, LOUIS Thomas Toth 19785 Spring Creek Rd. Hagerstown, MD 21742 NAME NAME 3316 EOQUEWATER TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GAINSVILLE GA 30501** CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE STEVENS, JACK NAME NAME 4307 GULF DR #208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOLMES BEACH FL 34217** CITY-ST-7IP TITLE Delete TITLE Change Addition TOTH, DORCAS A NAME NAME 19725 SPRING CREEK RD. STREET ADDRESS STREET ADDRESS HAGERSTOWN MD 21742 CITY-ST-ZIP CITY-ST-7IP TD and SD Susan O'Bannon 4307 Gulf Dr. #108 Change ☐ Addition TITLE ☐ Delete TITLE O'BANNON, SUSAN NAME NAME 4307 GULF DR #108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLMES BEACH FL 34217 CITY-ST-ZIP Holmes Beach, FL 34217 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Prope #