


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 26 AM 7:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22675 (5)
 1. Corporation Name
CAYMAN VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1001 WYMOORE CIR COCONUT CREEK FL 33066 US	Mailing Address 1310 AVENUE OF THE STAR COCONUT CREEK FL 33066 US
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2. Principal Place of Business 21 1310 Avenue of the Stars	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Coconut Creek FL	27 City & State 28
24 Zip 33066	25 Country USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/24/1987	3a. Date of Last Report 03/18/1994
4. FEI Number 59-2797854	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RAVO, PAT T.
1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEK, JULIUS	1.2 NAME	Julius Brandstein
STREET ADDRESS	1501 M-4 CAYMAN WAY	1.3 STREET ADDRESS	1503 Cayman Way Apt C-3
CITY - ST - ZIP	COCONUT CREEK FL	1.4 CITY - ST - ZIP	Coconut Creek FL 33066
TITLE	AD	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVITT, MARVIN	2.2 NAME	Marvin Savitt
STREET ADDRESS	1501 J-3	2.3 STREET ADDRESS	1501 Cayman Way Apt J-3
CITY - ST - ZIP	COCONUT CREEK FL	2.4 CITY - ST - ZIP	Coconut Creek FL 33066
TITLE	AD	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINGER, HERBERT	3.2 NAME	Norman Rramer
STREET ADDRESS	1501 F-2 CAYMAN WAY	3.3 STREET ADDRESS	1502 Cayman Way Apt C1
CITY - ST - ZIP	COCONUT CREEK FL	3.4 CITY - ST - ZIP	Coconut Creek FL 33066
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINFELD, MARVIN	4.2 NAME	
STREET ADDRESS	1503 D-1 CAYMAN WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Ray Myer
STREET ADDRESS		5.3 STREET ADDRESS	1501 Cayman Way Apt K2
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Coconut Creek FL 33066
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marvin Savitt *Marvin Savitt* **1/23/95** **968-5257**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #