

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90038 001 *2,695.00

NONPROFIT CORPORATION ANNUAL REPORT



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

1998-1999

DOCUMENT # **N22675 (5)**
 1. Corporation Name
CAYMAN VILLAGE CONDOMINIUM ASSOCIATION, INC.

574644-90038-10



Principal Place of Business Mailing Address
1310 AVENUE OF THE STARS **1310 AVENUE OF THE STAR**
COCONUT CREEK FL 33066 **COCONUT CREEK FL 33066**
US **US**

3. Date Incorporated or Qualified
09/24/1987

4. FEI Number **59-2797854** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDSTEIN, JULIUS	1.2 NAME	
STREET ADDRESS	1503 CAYMAN WAY APT C-3	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVITT, MARVIN	2.2 NAME	<i>Marvin Kleinfeld</i>
STREET ADDRESS	1501 CAYMAN WAY APT J-3	2.3 STREET ADDRESS	<i>1508 Cayman Way, Apt.</i>
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	<i>Coconut Creek, FL 33066</i>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAMER, NORMAN	3.2 NAME	<i>PD</i>
STREET ADDRESS	1502 CAYMAN WAY APT C1	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVISON, DAVID	4.2 NAME	<i>Abby Davison</i>
STREET ADDRESS	1501 CAYMAN WAY APT A-1	4.3 STREET ADDRESS	<i>1501 Cayman Way, Apt. A-1</i>
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	<i>Coconut Creek, FL 33066</i>
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYER, RAY	5.2 NAME	<i>Judy Bobker</i>
STREET ADDRESS	1501 CAYMAN WAY APT K2	5.3 STREET ADDRESS	<i>1502 Cayman Way, Apt B-2</i>
CITY-ST-ZIP	COCONUT CREEK FL	5.4 CITY-ST-ZIP	<i>Coconut Creek, FL 33066</i>
TITLE	<input type="checkbox"/> DELETE	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 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 supplementary 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 in an appointment with an address.

Norman Reamer President 6/14/99 1-1-1994 979-2600