

2001 UNIFORM BUSINESS REPORT (UBR)

03-26-2001 90157 001 *2,695.00

0006273

DOCUMENT # N22675

1. Entity Name

CAYMAN VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1310 AVENUE OF THE STARS
COCONUT CREEK FL 33066
US

Mailing Address

1310 AVENUE OF THE STAR
COCONUT CREEK FL 33066
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2797854

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VPO	BRANDSTEIN, JULIUS	1503 CAYMAN WAY APT C-3	COCONUT CREEK FL	<input type="checkbox"/>
TD	DAVISON, ABBY	1501 CAYMAN WAY APT A1	COCONUT CREEK FL 33066	<input type="checkbox"/>
PD	REAMER, NORMAN	1502 CAYMAN WAY APT C1	COCONUT CREEK FL	<input type="checkbox"/>
S	MYER, RAY	1501 CAYMAN WAY APT K2	COCONUT CREEK FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
S	BOBKER, JUDY	1502 CAYMAN WAY APT B-2	COCONUT CREEK FL 33066	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: NORMAN REAMER DATE: 1/22/01 DAYTIME PHONE #: (954) 978-2600

FILED
01 MAR 26 AM 10:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CRE037 (10/00)