

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2005
Secretary of State**

DOCUMENT# N22675

Entity Name: CAYMAN VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

New Principal Place of Business:

Current Mailing Address:

1310 AVENUE OF THE STAR
COCONUT CREEK, FL 33066 US

New Mailing Address:

FEI Number: 59-2797854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BRANDSTEIN, JULIUS
Address: 1503 CAYMAN WAY APT C-3
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: SIGLER, HAROLD
Address: 1501 CAYMAN WAY, APT. E-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: PD () Delete
Name: REAMER, NORMAN
Address: 1502 CAYMAN WAY APT C1
City-St-Zip: COCONUT CREEK, FL 33066

Title: S () Delete
Name: BOBKER, JUDY
Address: 1502 CAYMAN WAY APT B-2
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN REAMER

PD

04/15/2005

Electronic Signature of Signing Officer or Director

Date