

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726735

**Entity Name:** THE CAY CONDOMINIUM INC

**Current Principal Place of Business:**

601 W. OCEAN DR.  
KEY COLONY BEACH, FL 33051

**Current Mailing Address:**

PO BOX 510069  
KEY COLONY BCH, FL 33051-0069 US

**FEI Number: 59-1506368**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCKEON, STEVEN  
601 W OCEAN DR  
KEY COLONY BEACH, FL 33051 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FRIEND, STANLEY  
Address        601 W. OCEAN DR.  
                  UNIT# 111  
City-State-Zip: KEY COLONY BEACH FL 33051

Title            SECRETARY  
Name            RUSSELL, PATRICIA  
Address        235 N. ELM GROVE RD UNIT F  
City-State-Zip: BROOKFIELD WI 53005

Title            TREASURER  
Name            CATTO, CINDY  
Address        601 W. OCEAN DR.  
                  APT. 110C  
City-State-Zip: KEY COLONY BEACH FL 33051-0069

Title            VP  
Name            MCWEY, PATRICK  
Address        8028 WARREN AVE.  
City-State-Zip: WAUWATOSA WI 53213

Title            OFFICER  
Name            CHERRY, SALLY  
Address        601 W. OCEAN DR.  
                  UNIT# 413  
City-State-Zip: KEY COLONY BEACH FL 33051

Title            OFFICER  
Name            KELSEY, ROBERT  
Address        P.O.BOX 700  
City-State-Zip: MICHIGAN CITY IN 46361

Title            OFFICER  
Name            MENEELY, SCOTT  
Address        1144 SHEERBROOK DR.  
City-State-Zip: CHAGRIN FALLS OH 44022

*I hereby 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 all other like empowered.*

**SIGNATURE: STANLEY FRIEND**

**PRESIDENT**

**02/04/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date