

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90215 034 \*\*\*\*61.25



**DOCUMENT # 726735**

1. Entity Name

**THE CAY CONDOMINIUM INC**

Principal Place of Business

601 OCEAN DR W  
 KEY COLONY BEACH FL 33051  
 US

Mailing Address

PO BOX 510069  
 KEY COLONY BCH FL 33051-0069  
 US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number

**59-1506368**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MICHENER, WILLIAM**  
**601 W OCEAN DR**  
**KEY COLONY BEACH FL 33051**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*William Michener*

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**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	MARES, MICHAEL	
STREET ADDRESS	422 ANCHORAGE COURT	
CITY-ST-ZIP	HAMPTON VA 23666	
TITLE	P	<input type="checkbox"/> Delete
NAME	MICHENER, WILLIAM	
STREET ADDRESS	601 W OCEAN DR	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRACY, COLE	
STREET ADDRESS	601 W OCEAN DR	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOLKER, SUZANNE	
STREET ADDRESS	PO BOX 4776	
CITY-ST-ZIP	TIMONIUM MD 21094-4776	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELIN, CARL	
STREET ADDRESS	103 EDGEWOOD DR	
CITY-ST-ZIP	PORT LUDLOW WA 98365	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTERICH, DANIEL	
STREET ADDRESS	2848 EAST OVERLOOK RD.	
CITY-ST-ZIP	CLEVELAND OH 44118	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Mcwey Beth</i>	
STREET ADDRESS	<i>8028 Warren Ave</i>	
CITY-ST-ZIP	<i>Wauwatosa, WI - 53212</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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:

*William Michener*