

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90055 006 ****61.25

DOCUMENT # 727991

1. Entity Name

CARIBAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O SEABOARD ARBORS MGMT SVC INC
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

C/O SEABOARD ARBORS MGMT SVC INC
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1790813

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

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MGMT SVC INC
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

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

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ~~TD~~ ☒ Delete
NAME SHARNA, SAMANT
STREET ADDRESS 2980 HAINES BAYSHORE #111
CITY-STATE-ZIP CLEARWATER FL 33760

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ~~SD~~ ☒ Delete
NAME RALEIGH, TINE
STREET ADDRESS 2980 HAINES BAYSHORE #113
CITY-STATE-ZIP CLEARWATER FL 33760

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ~~VPD~~ ☒ Delete
NAME DONAHOE, RHO
STREET ADDRESS 2980 HAINES BAYSHORE #156
CITY-STATE-ZIP CLEARWATER FL 33760

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME PERSHING, BRIAN
STREET ADDRESS 2980 HAINES BAYSHORE #105
CITY-STATE-ZIP CLEARWATER FL 33760

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME CLAREY, SUE
STREET ADDRESS 2980 HAINES BAYSHORE #131
CITY-STATE-ZIP CLEARWATER FL 33760

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME FERRENTINO, DOROTHY
STREET ADDRESS 2980 HAINES BAYSHORE #130
CITY-STATE-ZIP CLEARWATER FL 33760

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-STATE-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dorothy V. Ferrentino Dorothy V. Ferrentino 1-31-07 727-265-8953