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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90072 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728794**

1. Corporation Name  
**CAYMAN CAY VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business P O 1541 HOLMES BEACH FL 34218	Mailing Address P O 1541 HOLMES BEACH FL 34218
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/11/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
O'BANNON, SUSAN 4307 GULF DR. #108 HOLMES BCH. FL 34217		81 Name JANE EARLY	85 Zip Code 34217
		82 Street Address (P.O. Box Number is Not Acceptable) 4307 GULF DR #101	
		83	
		84 City HOLMES BEACH FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE JANE EARLY TREAS. Jane Early DATE 1/12/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCDONALD, TERRY 1460 GOLFVIEW DR. AVON PARK FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VD COSCA, LOUIS 3316 EDGEWATER TERR GAINESVILLE, GA 30501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM O'BANNON, SUSAN 4307 GULF DR #108 HOLMES BEACH, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TM TD EARLY, JANE 4307 GULF DR. #101 HOLMES BEACH FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOTH, DORCAS A 3028 CASCADE DR CLEARWATER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD TOTH DORCAS A 19725 SPRING CREEK RD. HAGERSTOWN, MD 21742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, KENNETH 4307 GULF DR., #206 HOLMES BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PD CORNISH, DAVID 4307 GULF DR. #205 HOLMES BCH FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jane Early SIGNATURE REQUIRED Jane Early DATE 1/12/99 DAYTIME PHONE # 941-778-4366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)