

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728794

1. Entity Name

CAYMAN CAY VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90022 039 ****61.25

Principal Place of Business

Mailing Address

P O 1541
 HOLMES BEACH FL 34218

P O 1541
 HOLMES BEACH FL 34218-1541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EARLY, JANE
4307 GULF DR #101
HOLMES BCH. FL 34217

Name **Susan O'Bannon**

Street Address (P.O. Box Number, is Not Acceptable)

4307 GULF DR, #108

City

Holmes Beach

FL

Zip Code

34217

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.

SIGNATURE Susan O'Bannon TD Susan O'Bannon 1-18-2000

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **COSCA, LOVIS**
 STREET ADDRESS **3316 EQUEWATER TERR**
 CITY-ST-ZIP **GAINESVILLE GA 30501**

TITLE **President / Director** Change Addition
 NAME **Louis Costa**
 STREET ADDRESS **3316 Edgewater Terrace**
 CITY-ST-ZIP **Gainesville, GA 30501**

TITLE **TD** Delete
 NAME **EARLY, JANE**
 STREET ADDRESS **4307 GULF DR #101**
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **Vice President / Director** Change Addition
 NAME **JACK STEVENS**
 STREET ADDRESS **4307 Gulf Dr. #208**
 CITY-ST-ZIP **Holmes Beach, FL 34217**

TITLE **SD** Delete
 NAME **TOTH, DORCAS A**
 STREET ADDRESS **19725 SPRING CREEK RD.**
 CITY-ST-ZIP **HAGERSTOWN MD 21742**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **CORNISH, DAVID**
 STREET ADDRESS **4307 GULF DR #205**
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **Treasurer / Director** Change Addition
 NAME **Susan O'Bannon**
 STREET ADDRESS **4307 GULF DR, #108**
 CITY-ST-ZIP **Holmes Beach, FL 34217**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: Susan O'Bannon **Susan O'Bannon** 1-18-00 941 795-3101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)