


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90032 014 ****61.25

DOCUMENT # 728794			
1. Entity 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	
2. Principal Place of Business 4307 GULF DR Suite, Apt. #, etc. #101 City & State HOLMES BEACH, FL		3. Mailing Address PO BOX 262 Suite, Apt. #, etc. BRADENTON BCH City & State FLORIDA	
Zip 34217	Country USA	Zip 34217	Country USA
6. Name and Address of Current Registered Agent O'BANNON, SUSAN 4307 GULF DR #108 HOLMES BCH., FL 34217		7. Name and Address of New Registered Agent Name JANE EARLY Street Address (P.O. Box Number is Not Acceptable) 4307 GULF DR C/O #101 City HOLMES BCH, FL, 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. I am familiar with, and accept the obligations of registered agent. <i>Jane Early</i> SIGNATURE <u>JANE EARLY</u> <u>TREASURER CAYMAN CAY CONDO ASSOC</u> <u>4/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			



04042004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25
Due by May 1, 2004

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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, TOTH 19725 SPRING CREEK ROAD HAGERSTOWN, MD 21742	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIM PEREZ PD 4307 GULF DR, #201 HOLMES BEACH, FL 34217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FILES, SU 4307 GULF DR. #104 HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TERRY McDONALD 72 FAIR CASTLE LANE PALM COAST, FL. 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCDONALD, TERRY 72 FAIR CASTLE LANE PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JANE EARLY 4307 GULF DR, #101 HOLMES BEACH, FL 34217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAEL LAROSA 3614 EAST CLARK CIRCLE TAMPA, FL. 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jane Early (JANE EARLY) 4/12/04 941-778-4366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #