


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90254 018 ****70.00

DOCUMENT # 728794

1. Entity Name
CAYMAN CAY VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4307 GULF DR.
 #101
 BRADENTON BEACH, FL 34217**

Mailing Address
**P.O. BOX 262
 BRADENTON BEACH, FL 34217**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01062006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**PEREZ, TIMOTHY R
 4307 GULF DR.
 #201
 HOLMES BEACH, FL 34217**

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 Timothy R. Perez Timothy R. Perez 1/11/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|------------------------|---------------------------|-------------------------------------|
| PD | PEREZ, TIM | 4307 GULF DR., #201 | BRADENTON BEACH, FL 34217 | <input type="checkbox"/> |
| VP | GIOFFI, JOE | 415 WOOD ST | ELLWOOD CITY, PA 16117 | <input type="checkbox"/> |
| SD | LAROSA, MICHAEL | 3614 EAST CLARK CIRCLE | TAMPA, FL 33629 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|----------------|----------------------|------------------------|--|-----------------------------------|
| PRESIDENT | JOE GIOFFI | 415 WOOD STREET | ELLWOOD CITY PA 16117 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VICE PRESIDENT | TERRY McDONALD | 72 FARCASTLE LANE | PAIM COAST, FL 32137 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TREASURER | TIM PEREZ | 4307 GULF DR. #201 | HOLMES BEACH, FL 34217 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SECRETARY | KATY FORINASH | 1602 - 86th Ct. N.W. | BRADENTON, FL 34209 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 another like empowered.

SIGNATURE: Timothy R. Perez Timothy R. Perez (Treasurer) 1/11/06 (941) 778-7572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #