

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2000 90161 009 ****61.25

DOCUMENT # N97000000530

1. Entity Name
CANARY BAY HOMEOWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address

2. Principal Place of Business
c/o Cables Property Management
3300 Corporate Ave.
 Suite, Apt. #, etc.
Suite 110
 City & State
Weston, FL
 Zip
33331
 Country

3. Mailing Address
same
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

A0065030

DO NOT WRITE IN THIS SPACE

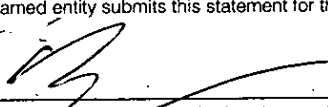
4. FEI Number
65-0743944
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Sandy Bauman
1535 NW 159 Ave.
Pembroke Pines FL 33028

7. Name and Address of New Registered Agent
 Name
Kaye & Roger, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
62661 NW 6th Way, Suite 103
 City
Fort Lauderdale **FL** Zip Code
33309

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  **Randall K. Roger**
 as V.P. of Kaye & Roger
 (NOTE: Registered Agent signature required when reinstating)
 DATE **4/24/00**

FILE NOW:
FEE IS \$61.25

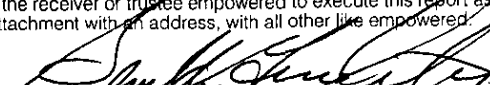
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BUNNY ORTEGA 1507 NW 159 Lane Pembroke Pines FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D JOHN VANIK 1504 NW 158 AVENUE Pembroke Pines FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LARRY BERMAN 15835 NW 16 Court Pembroke Pines FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D PATRICIA A. SINTON 1568 NW 159 AVENUE Pembroke Pines FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOURDES FEDERICI 1537 NW 157 AVENUE Pembroke Pines FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **4-25-00** **954-349-8777**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)