

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710984 (6)

1. Corporation Name

CARIBBEAN VILLAS ASSOCIATION, INC.

FILED

JUN 23 11 5 34
DIVISION OF STATE
CORPORATIONS, FLORIDA

Principal Place of Business Mailing Address
1746 CARIBBEAN CIRCLE 1746 CARIBBEAN CIRCLE
VENICE FL 34293 VENICE FL 34293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/01/1966 3a. Date of Last Report 01/25/1994
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
RODRIGUES, HELEN
1742 CARIBBEAN CIRCLE
VENICE FL 34293

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Helen Rodrigues - Treasurer (Caribbean Villas Association, Inc.) 1-14-95
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when existing) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, GRACE 726 CARIBBEAN CIRCLE VENICE, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HIGGINBOTTOM, JAMES 1753 CARIBBEAN CIRCLE VENICE, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIDEGROOM, MARLAND 1740 CARIBBEAN CIR VENICE, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAVIS, EUNICE 1730 CARIBBEAN CIRCLE VENICE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RODRIGUES, HELEN 1742 CARIBBEAN CIRCLE VENICE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOSLEY, LELIA 1732 CARIBBEAN CIRCLE VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Childs, William 1751 Caribbean Cr. Venice FL. 34293
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Bushong, Lee 1738 Caribbean Cr. Venice, FL. 34293
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Witomski, Darlene 723 Caribbean Cr. Venice, FL. 34293
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Helen Rodrigues Helen Rodrigues 1-14-95 493-8148
Signature and typed or printed name of signing officer or director Date (Month/Day/Year)