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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710984** (6)

1. Corporation Name

CARIBBEAN VILLAS ASSOCIATION, INC.

Principal Place of Business

**1753 CARIBBEAN CIRCLE
VENICE FL 34293**

Mailing Address

**1753 CARIBBEAN CIRCLE
VENICE FL 34293**



3. Date Incorporated or Qualified

06/01/1966

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1730 CARIBBEAN CIR

26 1730 CARIBBEAN CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Venice, FL

28 Venice, FL

Zip

Country **USA**

Zip

Country **USA**

24 34293

25 Sarasota

29 34293

30 SARASOTA

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIGGINBOTTOM, JAMES
1753 CARIBBEAN CIRCLE
VENICE FL 34293**

81 Name

JOHN S. TOLMAN

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

1730 CARIBBEAN CIRCLE

83

84 City

Venice

FL

85 Zip Code

34293

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

John S. Tolman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

2/19/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, MARGARET	
STREET ADDRESS	1523 LAKESIDE DR.	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHILDS, WILLIAM	
STREET ADDRESS	1751 CARIBBEAN CIRCLE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOWDNEY, DOLLY	
STREET ADDRESS	1741 CARIBBEAN CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WITOMSKI, DARLENE	
STREET ADDRESS	723 CARIBBEAN CR	
CITY-ST-ZIP	VENICE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINBOTTOM, JAMES	
STREET ADDRESS	1753 CARIBBEAN CIRCLE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEA, THOMAS	
STREET ADDRESS	1755 CARIBBEAN CIRCLE	
CITY-ST-ZIP	VENICE FL	

1.1 TITLE	P-D PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VIRGINIA LARSON	
1.3 STREET ADDRESS	1525 LAKESIDE DRIVE	
1.4 CITY-ST-ZIP	VENICE, FL 34293	
2.1 TITLE	V-D MARGARET COLEMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARGARET COLEMAN	
2.3 STREET ADDRESS	1523 LAKESIDE DRIVE	
2.4 CITY-ST-ZIP	VENICE, FL 34293	
3.1 TITLE	S-D SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DARLENE WITOMSKI	
3.3 STREET ADDRESS	723 CARIBBEAN CIRCLE	
3.4 CITY-ST-ZIP	VENICE, FL 34293	
4.1 TITLE	S ASST. SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LILY VAN ALSTYNE	
4.3 STREET ADDRESS	1747 CARIBBEAN CIRCLE	
4.4 CITY-ST-ZIP	VENICE, FL 34293	
5.1 TITLE	T TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN TOLMAN	
5.3 STREET ADDRESS	1730 CARIBBEAN CIRCLE	
5.4 CITY-ST-ZIP	VENICE, FL 34293	
6.1 TITLE	T ASSIT. TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LORINE LIPPY	
6.3 STREET ADDRESS	1752 CARIBBEAN CIRCLE	
6.4 CITY-ST-ZIP	VENICE, FL 34293	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOHN S. TOLMAN** *John S. Tolman* **2/19/98** **497-0829**

CR2037 (10/97)