

**2004**  
**2003 NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 710984**

1. Entity Name  
**CARIBBEAN VILLAS ASSOCIATION, INC.**

Principal Place of Business  
**1730 CARIBBEAN CIRCLE**  
**VENICE FL 34293**  
**US**

Mailing Address  
**1730 CARIBBEAN CIRCLE**  
**VENICE FL 34293**  
**US**

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

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

City & State  
 City & State

Zip  
 Country  
 Zip  
 Country



Have no record of receiving this form for 2004, so am submitting it now.

04 OCT 22 AM 2:29  
 John S. Tolman  
 Treasurer  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT 04**  
 CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**TOLMAN, JOHN S.**  
**1730 CARIBBEAN CIRCLE**  
**VENICE FL 34293**

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

**FILE NOW: FEE IS \$61.25**

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	<b>VD</b> <b>COLEMAN, MARGARET</b> <b>1523 LAKESIDE DR</b> <b>VENICE FL 34293</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>RICHARD SIMMONS</b> <b>1735 CARIBBEAN CIR</b> <b>VENICE, FL 34293</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SIMMONS, RICHARD</b> <b>1735 CARIBBEAN CIRCLE</b> <b>VENICE FL 34293</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRES.</b> <b>MARGARET COLEMAN</b> <b>1523 LAKESIDE DR</b> <b>VENICE, FL 34293</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ADS</b> <b>WITOMSKI, DARLENE</b> <b>723 CARIBBEAN CIR</b> <b>VENICE FL 34293</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>GEORGE KYLE</b> <b>1737 CARIBBEAN CIR</b> <b>VENICE, FL 34293</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WITOMSKI, DARLENE</b> <b>723 CARIBBEAN CIR.</b> <b>VENICE FL 34293</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>GEORGE KYLE</b> <b>1737 CARIBBEAN CIR</b> <b>VENICE FL 34293</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TOLMAN, JOHN</b> <b>1730 CARIBBEAN CIRCLE</b> <b>VENICE FL 34293</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900042103749</b> <b>10/22/04--01035--011</b> <b>**61.25</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>LIDDY, LORINE</b> <b>1752 CARIBBEAN CIRCLE</b> <b>VENICE FL 34293</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSIST TRES.</b> <b>NEENIE EDSOP</b> <b>1753 CARIBBEAN CIR</b> <b>VENICE, FL 34293</b> <input checked="" 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: John S. Tolman, Treas. 10/18/04 941-497-0529  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2FC07 (10/02)