


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90225 045 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOLMAN, JOHN S. 1730 CARRIBBEAN CIRCLE VENICE FL 34293			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code
			FL		
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 <u><i>John S. Tolman</i></u>				DATE <u>4/15/06</u>	
SIGNATURE, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, MARGARET		NAME	JOHN S. TOLMAN	
STREET ADDRESS	1523 LAKESIDE DR		STREET ADDRESS	1730 CARIBBEAN CIRCLE	
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP	VENICE, FLORIDA 34293	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, RICHARD		NAME		
STREET ADDRESS	1735 CARIBBEAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KYLE, GEORGE		NAME		
STREET ADDRESS	1737 CARRIBBEAN CIR		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLMAN, JOHN		NAME		
STREET ADDRESS	1730 CARIBBEAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDSEP, NEENIE		NAME		
STREET ADDRESS	1753 CARIBBEAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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

SIGNATURE: *John S. Tolman Vice Pres + Treasurer* DATE: 4/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #