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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 739797 (9)  
1. Corporation Name  
CARIBBEAN GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
11305 SW 200TH STREET % MANAGER MIAMI FL 33157  
11305 SW 200TH STREET % MANAGER MIAMI FL 33157-8223

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 22 26 % CREATIVE MGT FORCE  
23 City & State 27 6619 S DIXIE HWY - #377  
23 MIAMI, FLORIDA  
24 Zip 25 Country 28 33143 30 USA

3. Date Incorporated or Qualified 08/09/1977 3a. Date of Last Report 02/13/1996  
4. FEI Number 59-1775656 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
G.K.R.L.D., INC.  
201 ALHAMBRA CIRCLE #1102  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
81 Name Creative management Force, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable) 6619 South Dixie Hwy. #377  
83  
84 City miami FL 85 Zip Code 33143

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 *Sandra B. Mortham* DATE 4/8/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, MIMI	
STREET ADDRESS	11309 SW 200TH ST C-305	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASTELL, GAYE	
STREET ADDRESS	11311 SW 100 #D310	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, ELIZABETH	
STREET ADDRESS	11307 SW 200 ST #B108	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPOTTS, THERESA	
STREET ADDRESS	11311 SW 200 ST., UNIT D114	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GORDON-SOMERS, BERYL	
STREET ADDRESS	8521 SW 184 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, AUDREY	
STREET ADDRESS	11301 SW 200 ST #A209	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JIMMIE McNEAL	
1.3 STREET ADDRESS	11309 SW 200 Street # C 210	
1.4 CITY-ST-ZIP	MIAMI, FL 33157	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GAYE CASTELL	
2.3 STREET ADDRESS	11311 SW 200 Street # D 310	
2.4 CITY-ST-ZIP	MIAMI, FL 33157	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANDY LOPEZ	
3.3 STREET ADDRESS	4530 SW 143 COURT WEST	
3.4 CITY-ST-ZIP	MIAMI, FL 33175	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THERESA SPOTTS	
4.3 STREET ADDRESS	11311 SW 200 Street # D-114	
4.4 CITY-ST-ZIP	MIAMI, FL 33157	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Elizabeth Ruth Johnston	
5.3 STREET ADDRESS	11307 SW 200 Street B-108	
5.4 CITY-ST-ZIP	MIAMI, FL 33157	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AUDREY DAVIS	
6.3 STREET ADDRESS	11301 SW 200 Street #A209	
6.4 CITY-ST-ZIP	MIAMI, FL 33157	

14. I do 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: *Jimmie McNeal, Jr.* DATE: 4/8/97 TELEPHONE: (305) 254-5549

CR2E037 (9/96)