


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90023 014 \*\*\*\*61.25

DOCUMENT # 739797					
1. Entity Name <b>CARIBBEAN GARDENS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business %CARIBBEAN PROPERTY MANAGEMENT 12301 SW 132ND CT MIAMI, FL 33186 US			Mailing Address %CARIBBEAN PROPERTY MANAGEMENT 12301 SW 132ND CT MIAMI, FL 33186 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1775656	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CUEVAS, ANDREW ESQ CUEVAS & ORTIZ, P.A. 535 BILTMORE WAY CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAITAN, EDUARDO		NAME		
STREET ADDRESS	11301 SW 200 ST., #B111		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALFARO, ADELA		NAME		
STREET ADDRESS	11301 SW 200 ST., #A313		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALARCON, MARTHA		NAME		
STREET ADDRESS	11301 SW 200 ST., #B206		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AMAYA, ANGELA		NAME	SD PALMER, DAVID R.	
STREET ADDRESS	11309 SOUTHWEST 200TH STREET SUITE D107		STREET ADDRESS	5830 SW 90TH COURT	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PADRON, JULIO		NAME	D Andres Lopez	
STREET ADDRESS	11307 SOUTHWEST 200TH STREET SUITE 107B		STREET ADDRESS	11309 SW 200th St #204-C	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRIAN, LINTON		NAME	D BROWN, LINTON C.	
STREET ADDRESS	11301 SOUTHWEST 200TH STREET SUITE 209A		STREET ADDRESS	24932 SW 127 Path	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	HOME STEAD, FL 33032-9010	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>David R. Palmer</i>			Date: <i>1/18/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		