


FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759499 (7)

1. Corporation Name
CARIBBEAN BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4717 SE 4TH PLACE CAPE CORAL FL 33904	Mailing Address C/O CORAL PROP MGMT GROUP 826 SE 46TH LANE CAPE CORAL FL 33904 US
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3. Date Incorporated or Qualified 08/06/1981	
4. FEI Number 62-1217543	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FITZGEORGE, ELAINE D
CORAL PROPERTY MANAGEMENT GROUP
826 SE 46TH LANE
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, DONALD	
STREET ADDRESS	18 GARDEN LANE	
CITY-ST-ZIP	HOPE RI 02831	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RUMSEY, ROBERT	
STREET ADDRESS	48 HEATHER DR	
CITY-ST-ZIP	PLYMOUTH MA 02360	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	SMART, JAMES	
STREET ADDRESS	204 FLORENCE AVE	
CITY-ST-ZIP	PENN YAN NY 14527	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, KENNETH	
STREET ADDRESS	28 MEADOW BROOK RD	
CITY-ST-ZIP	EAST GREENWICH RI 02885	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, RICHARD	
STREET ADDRESS	9 STUART ST	
CITY-ST-ZIP	WARREN RI 02885	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	POTTER, WILLIAM (D)
3.3 STREET ADDRESS	10 MUMFORD ST
3.4 CITY-ST-ZIP	COVENTRY, RI 02816
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 _____

CR2E037 (10/97)