

2001 UNIFORM BUSINESS REPORT (UBR)

4/24

FILED
May 18, 2001 8:00 am
Secretary of State

04-24-2001 90038 022 ****61.25

DOCUMENT # 759499

1. Entity Name

CARIBBEAN BREEZE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C -21 SUNBELT PROPERTY MGN
 506 SW 47TH TERRACE
 CAPE CORAL FL 33914

C -21 SUNBELT PROPERTY MGN
 506 SW 47TH TERRACE
 CAPE CORAL FL 33914
 US

45135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1217543

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUNINO, AUGUST
 C - 21 SUNBELT REALTY
 508 SW 47TH TERRACE
 CAPE CORAL FL 33914

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.

SIGNATURE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, DONALD	
STREET ADDRESS	16 GARDEN LANE	
CITY-ST-ZIP	HOPE RI 02831	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROSS, KENNETH	
STREET ADDRESS	28 MEADOW BROOK ROAD	
CITY-ST-ZIP	EAST GREENWICH RI 02810	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVA, RICHARD	
STREET ADDRESS	646 FRENCHTOWN ROAD	
CITY-ST-ZIP	EAST GREENWICH RI 02818	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, RICHARD	
STREET ADDRESS	9 STUART STREET	
CITY-ST-ZIP	WARREN RI 02885	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLSTON, RAYMOND	
STREET ADDRESS	4718 SE 5TH AVE. #6	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, RICHARD	
STREET ADDRESS	646 FRENCHTOWN ROAD	
CITY-ST-ZIP	EAST GREENWICH, RI 02818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DISMAIL, TAMI (DIRECTOR)	
STREET ADDRESS	4717 SE 4th PLACE # \$	
CITY-ST-ZIP	CAPE CORAL, FL 33904	

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth C. Ross Vice Pres 4-4-2001
 Date Daytime Phone #