2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007
Secretary of State

DOCUMENT# N06000004691

Entity Name: THE CARIBBEAN ASSOCIATION OF LAKE COUNTY INC

Current Principal Place of Business:

330 3RD ST
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120930
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 71-1005993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, MILTON L
330 3RD ST
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	THOMPSON, MILTON L	
Address:	1516 SUNSET VILLAGE BLVD	
City-St-Zip:	CLERMONT, FL 34711 US	
Title:	VP	( ) Delete
Name:	LEDWIDGE, ASHER	
Address:	13212 ANDERSON HILL RD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	CAMPBELL, NEVILLE N	
Address:	1431 LAKEMIST LN	
City-St-Zip:	CLERMONT, FL 34711 US	
Title:	D	( ) Delete
Name:	ROSE, DERRICK	
Address:	140 E LAKESHORE DR	
City-St-Zip:	CLERMONT, FL 34711 US	
Title:	D	( ) Delete
Name:	RICHIE, JACKIE	
Address:	12200 HANCOCK RD	
City-St-Zip:	CLERMONT, FL 34711 US	
Title:	D	( ) Delete
Name:	GREEN, JESSICA	
Address:	1519 PRESIDIO DR	
City-St-Zip:	CLERMONT, FL 34711 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON THOMPSON PRES 08/22/2007
Electronic Signature of Signing Officer or Director — Date