

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morrum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

MAY 1 11 24 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745896** (1)
1. Corporation Name
CARIBBEAN BEACH CLUB ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~11595 KELLY ROAD~~
~~PO BOX 3390~~
~~FT. MYERS FL 33908~~
11595 KELLY ROAD
~~PO BOX 3390~~
FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/12/1979** 3a. Date of Last Report **10/04/1994**
4. FEI Number **59-1972323** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **7600 Estero Blvd.** 25
Suite, Apt #, etc. Suite, Apt #, etc.
22 City & State 27 City & State
23 **Ft. Myers Beach, FL** 28
Zip Country Zip Country
24 **33931** 25 **Lee** 29 30

9. Name and Address of Current Registered Agent
KENOYER, TONNA A
11595 KELLY ROAD
FT. MYERS FL 33908

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (last or printed) name of registered agent and the date of signature. (NOTE: Registered agent signature may not exceed handwriting.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUBAK, JOSEPH	12 NAME	Kubak, Joseph
STREET ADDRESS	1220 SHELBY PKY	13 STREET ADDRESS	1220 Shelby Pkwy.
CITY, ST, ZIP	CAPE CORAL FL 33904	14 CITY, ST, ZIP	Cape Coral, FL 33904
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKER, ALBERT	22 NAME	
STREET ADDRESS	26881 WEDGWOOD DR., UNIT 103	23 STREET ADDRESS	
CITY, ST, ZIP	BONITA SPRINGS FL 33923	24 CITY, ST, ZIP	
TITLE	ST	31 TITLE	Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPE, PAUL JR.	32 NAME	Ron Neishloss
STREET ADDRESS	2293 SW 24TH TERRACE	33 STREET ADDRESS	17 Burnside Avenue
CITY, ST, ZIP	MIAMI FL	34 CITY, ST, ZIP	Norristown, PA 19403
TITLE	P	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, JAMES	42 NAME	
STREET ADDRESS	1858 CHATFIELD RD	43 STREET ADDRESS	
CITY, ST, ZIP	COLUMBUS OH	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	Pope, Paul, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, CRA	52 NAME	
STREET ADDRESS	122 SE 43RD ST	53 STREET ADDRESS	2293 S.W. 24th Terrace
CITY, ST, ZIP	CAPE CORAL FL	54 CITY, ST, ZIP	Miami, Florida 33145
TITLE	D	61 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, EDWARD	62 NAME	O'Connor, Edward
STREET ADDRESS	13500 BROADWAY	63 STREET ADDRESS	1669 Linden Avenue
CITY, ST, ZIP	ALDEN NY	64 CITY, ST, ZIP	Alden, N.Y. 14004

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joseph R. Kubak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph R. Kubak

4-27-95
813
454-1200
Toll Free (800) 454-1200