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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 745896

1. Corporation Name

CARIBBEAN BEACH CLUB ASSOCIATION, INC.

Principal Place of Business

7600 ESTERO BLVD.  
FT. MYERS FL 33931  
US

Mailing Address

P.O. BOX 540669  
MERRITT ISLAND FL 32954  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

02/12/1979

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

9. Name and Address of Current Registered Agent

KIPI, JEFFERY T. P  
475 W. BROADWAY  
SUITE 2  
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

Joseph A. Takcas, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

269 Crockett Blvd.

83

84 City

Merritt Island

FL

85 Zip Code

32953

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

*Ma at al*

1-29-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILMES, ROBERT	
STREET ADDRESS	1309 DALLWOOD DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANKER, ALBERT	
STREET ADDRESS	26881 WEDGEWOOD DR	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEISHLOSS, RON	
STREET ADDRESS	17 BURNSIDE AVE	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVID, BERRY	
STREET ADDRESS	2740 VIS LA QUINTA	
CITY-ST-ZIP	N. FORT MYERS FL 33917	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ANDRES, THOMAS	
STREET ADDRESS	772 N. US HWY 1	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	P	<input type="checkbox"/> DELETE
NAME	O'CONNOR, EDWARD	
STREET ADDRESS	1669 LINDAN AVE	
CITY-ST-ZIP	ALDEN NY 14004	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Wilmes, Robert	
13 STREET ADDRESS	7600 Estero Blvd.	
14 CITY-ST-ZIP	Fort Myers, FL 33931	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Banker, Albert	
23 STREET ADDRESS	7600 Estero Blvd.	
24 CITY-ST-ZIP	Fort Myers, FL 33931	
31 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Neishloss, Ron	
33 STREET ADDRESS	7600 Estero Blvd.	
34 CITY-ST-ZIP	Fort Myers, FL 33931	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Andres, Thomas	
43 STREET ADDRESS	7600 Estero Blvd.	
44 CITY-ST-ZIP	Fort Myers, FL 33931	
51 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	O'Connor, Edward	
53 STREET ADDRESS	7600 Estero Blvd.	
54 CITY-ST-ZIP	Fort Myers, FL 33931	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Valentine, Richard	
63 STREET ADDRESS	7600 Estero Blvd.	
64 CITY-ST-ZIP	Fort Myers, FL 33931	

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, with all other like empowered.

(More additional Director info attached)

SIGNATURE: *Edward O'Connor (President)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

Date

716-856-1344

Daytime Phone #

CR2E037 (11/98)

10541-90114-48  
745896

Additional new Director information

D  
Judson, Dr. Harry E.  
7600 Estero Blvd.  
Fort Myers, FL 33931