


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 745896 1. Entity 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
--	---



05042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1972323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TAKCAS, JOSEPH A JR  
 269 CROCKETT BLVD  
 MERRITT ISLAND, FL 32953

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILMES, ROBERT 7600 ESTERO BLVD FT. MYERS, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKER, ALBERT 7600 ESTERO BLVD FT. MYERS, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEISHLOSS, RON 7600 ESTERO BLVD FT. MYERS, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, RICHARD 7600 ESTERO BLVD FT. MYERS, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CONNOR, EDWARD 7600 ESTERO BLVD FT. MYERS, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDRES, THOMAS 7600 ESTERO BLVD FT. MYERS, FL 33931

UB0000363047  
 05/05/05-80142-014 61.25

**DO NOT WRITE IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_