


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 14, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90840 024 \*\*\*\*61.25

**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

**66019052**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04272007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
 59-1972323

Applied For  
 Not Applicable

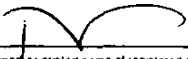
Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 TAKCAS, JOSEPH A JR  
 269 CROCKETT BLVD  
 MERRITT ISLAND, FL 32953

**7. Name and Address of New Registered Agent**  
 Name **ROBERT PRICE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**271 CROCKETT BLVD**  
 City **MERRITT ISLAND FL** Zip Code **32953**

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  DATE **06-06-07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILMES, ROBERT 7600 ESTERO BLVD FT. MYERS, FL 33931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKER, ALBERT 7600 ESTERO BLVD FT. MYERS, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEISHLOSS, RON 7600 ESTERO BLVD FT. MYERS, FL 33931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, RICHARD 7600 ESTERO BLVD FT. MYERS, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CONNOR, EDWARD 7600 ESTERO BLVD FT. MYERS, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDRES, THOMAS 7600 ESTERO BLVD FT. MYERS, FL 33931	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARY, JOHN 7600 ESTERO BLVD FT MYERS, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, JOHN 7600 ESTERO BLVD FT MYERS, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRETT, RICHARD 7600 ESTERO BLVD FT MYERS, FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, EDWARD 7600 ESTERO BLVD FT MYERS, FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE **06-08-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR