


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90114 038 ****61.25

DOCUMENT # 745896

1. Entity Name
CARIBBEAN BEACH CLUB ASSOCIATION, INC.



Principal Place of Business Mailing Address
7600 ESTERO BLVD. **P.O. BOX 540669**
FT. MYERS, FL 33931 US **MERRITT ISLAND, FL 32954 US**

70006137



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03122008 Chg-NP CR2E037 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number
59-1972323

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

PRICE, ROBERT
271 CROCKETT BLVD
MERRITT ISLAND, FL 32953

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____

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, 2008

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	D VARY, JOHN 7600 ESTERO BLVD FT. MYERS, FL 33931	<input 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	SD THOMPSON, JOHN 7600 ESTERO BLVD FT. MYERS, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARRETT, RICHARD 7600 ESTERO BLVD FT. MYERS, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'CONNOR, EDWARD 7600 ESTERO BLVD FT. MYERS, FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD 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	VPD ZIBOLSKI, DAVID 7600 ESTERO BLVD FT MYERS, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANNUNZIATO, ANTHONY 7600 ESTERO BLVD FT MYERS, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input 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: Thomas Andres **Thomas Andres** **3-27-08** **561 626-0900**

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