FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710984 (6)

1. Corporation Name

CARIBBEAN VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1746 CARIBBEAN CIRCLE VENICE FL 34293	1746 CARIBBEAN CIRCLE VENICE FL 34293

3. Date Incorporated or Qualified: 06/01/1966
3a. Date of Last Report: 01/23/1995

21 2. Principal Place of Business	1753 Caribbean Circle
22 Suite, Apt. #, etc.	
23 City & State	VENICE, FL
24 Zip / 25 Country	34293 /
26 2a. Mailing Address	1753 CARIBBEAN CIRCLE
27 Suite, Apt. #, etc.	
28 City & State	VENICE, FL
29 Zip / 30 Country	34293 /

4. FEI Number: NOT APPLICABLE ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RODRIQUES, HELEN
1742 CARIBBEAN CIRCLE
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name: HIGGINBOTTOM, JAMES
82 Street Address (P.O. Box Number is Not Acceptable): 1753 CARIBBEAN CIRCLE
83
84 City: VENICE FL 85 Zip Code: 34293

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.

Amount Enclosed
-03/08/96--01073--022
$61.25

SIGNATURE: James Higginbottom JAMES HIGGINBOTTOM 2/11/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHILDS, WILLIAM 1751 CARIBBEAN CR VENICE, FL 00000	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P SHEA, THOMAS 1755 CARIBBEAN CIRCLE VENICE, FL 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUSHONG, LEE 1738 CARIBBEAN CR VENICE, FL 00000	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D CHILDS, WILLIAM 1751 CARIBBEAN CIRCLE VENICE, FL 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIDEGROOM, MARLAND 1740 CARIBBEAN CIR VENICE, FL 00000	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D COLEMAN, MARGARET 1523 LAKESIDE DR. VENICE, FL 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WITOMSKI, DARLENE 723 CARIBBEAN CR VENICE FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	S WITOMSKI, DARLENE 723 CARIBBEAN CIRCLE VENICE, FL 34293	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RODRIGUES, HELEN 1742 CARIBBEAN CIRCLE VENICE FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	T HIGGINBOTTOM, JAMES 1753 CARIBBEAN CIRCLE VENICE, FL 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOSLEY, LELIA 1732 CARIBBEAN CIRCLE VENICE FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D DOWDNEY, DOLLY 1741 CARIBBEAN CIRCLE VENICE, FL 34293	☒ Change ☐ Addition

CR2E037 (12/95)

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: James Higginbottom 2/11/96 941-497-5145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES HIGGINBOTTOM - TREAS