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ANNUAL REPORT
1999

Secretary of State
DIVISION OF CORPORATIONS

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Jul 07, 1999 8:00 am
Secretary of State
07-07-1999 90002 014 ****61.25

DOCUMENT # **710984**

1. Corporation Name

CARIBBEAN VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1730 CARIBBEAN CIRCLE VENICE FL 34293 US	1730 CARIBBEAN CIRCLE VENICE FL 34293 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/01/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TOLMAN, JOHN S. 1730 CARRIBBEAN CIRCLE VENICE FL 34293	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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: John S. Tolman Treasurer 4/12/99
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD PRESIDENT	☒ Change ☐ Addition
NAME	LARSON, VIRGINIA		1.2 NAME	CLYDE EGAN	
STREET ADDRESS	1525 LAKESIDE DR		1.3 STREET ADDRESS	1751 CARIBBEAN Circle	
CITY-ST-ZIP	VENICE FL 34293		1.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	VD	☒ DELETE	2.1 TITLE	VP VICE PRESIDENT	☒ Change ☐ Addition
NAME	COLEMAN, MARGARET		2.2 NAME	EDITH CARBONE	
STREET ADDRESS	1523 LAKESIDE DR		2.3 STREET ADDRESS	728 CARIBBEAN CIR.	
CITY-ST-ZIP	VENICE FL 34293		2.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	AS	☒ DELETE	3.1 TITLE	AD - ASSIT. SECRETARY	☒ Change ☐ Addition
NAME	VAN ALSTYNE, LILY		3.2 NAME	DARLENE WITOMSKI	
STREET ADDRESS	1747 CARIBBEAN CIRCLE		3.3 STREET ADDRESS	723 CARIBBEAN CIR	
CITY-ST-ZIP	VENICE FL 34293		3.4. CITY-ST-ZIP	VENICE, FL 34293	
TITLE	SD	☒ DELETE	4.1 TITLE	SD SECRETARY	☐ Change ☐ Addition
NAME	WITOMSKI, DARLENE		4.2 NAME	MARY SAVAGE	
STREET ADDRESS	723 CARIBBEAN CR		4.3 STREET ADDRESS	1751 CARIBBEAN CIRCLE	
CITY-ST-ZIP	VENICE FL 34293		4.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TOLMAN, JOHN		5.2 NAME		
STREET ADDRESS	1730 CARIBBEAN CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		5.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LIDDY, LORINE		6.2 NAME		
STREET ADDRESS	1752 CARIBBEAN CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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.

SIGNATURE: SIGNATURE REQUIRED 4/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John S. Tolman