2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2006 8:00 am Secretary of State **DOCUMENT # 710984** 1. Entity Name 05-04-2006 90225 045 ****61.25 CARIBBEAN VILLAS ASSOCIATION, INC. Principal Place of Business Mailing Address 1730 CARIBBEAN CIRCLE VENICE FL 34293 1730 CARIBBEAN CIRCLE VENICE FL 34293 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOLMAN, JOHN S. Street Address (P.O. Box Number is Not Acceptable) 1730 CARRIBBEAN CIRCLE VENICE FL 34293 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Florida Department of State Due By May 1, 2006 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete TITLE Change Addition JOHN S. TOLMAN COLEMAN, MARGARET NAME NAME 17.30 CARIBBEAN CIRCLE 1523 LAKESIDE DR STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY - ST - 782 Venice, Florion 34293 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SIMMONS, RICHARD NAME NAME 1735 CARIBBEAN CIRCLE STREET AODRESS STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE KYLE, GEORGE NAME NAME 1737 CARRIBEAN CIR STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME TOLMAN, JOHN NAME STREET ADDRESS STREET ADDRESS 1730 CARIBBEAN CIRCLE CCTY-ST-ZIE VENICE FL 34293 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE EDSEP, NEENIE NAMÉ NAME STREET ADDRESS 1753 CARIBBEAN CIRCLE STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - 7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

ce fles + Treasurer 4/15/06

FILED