

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 710984

1. Entity Name

CARIBBEAN VILLAS ASSOCIATION, INC.



Principal Place of Business

1730 CARIBBEAN CIRCLE
VENICE FL 34293
US

Mailing Address

1730 CARIBBEAN CIRCLE
VENICE FL 34293
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

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

7. Name and Address of New Registered Agent

TOLMAN, JOHN S.
1730 CARRIBBEAN CIRCLE
VENICE FL 34293

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

John S. Tolman

Treasurer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: 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 V ☐ Delete
NAME TOLMAN, JOHN S
STREET ADDRESS 1730 CARIBBEAN CIRCLE
CITY-ST-ZIP VENICE FL 34293

TITLE P ☐ Delete
NAME SIMMONS, RICHARD
STREET ADDRESS 1735 CARIBBEAN CIRCLE
CITY-ST-ZIP VENICE FL 34293

TITLE S ☐ Delete
NAME KYLE, GEORGE
STREET ADDRESS 1737 CARRIBBEAN CIR
CITY-ST-ZIP VENICE FL 34293

TITLE T ☐ Delete
NAME TOLMAN, JOHN
STREET ADDRESS 1730 CARIBBEAN CIRCLE
CITY-ST-ZIP VENICE FL 34293

TITLE AT ☐ Delete
NAME EDSEP, NEENIE
STREET ADDRESS 1753 CARIBBEAN CIRCLE
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE

John S. Tolman

Treasurer