

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710984

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** CARIBBEAN VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

1730 CARIBBEAN CIRCLE  
VENICE, FL 34293 US

**New Principal Place of Business:**

**Current Mailing Address:**

1730 CARIBBEAN CIRCLE  
VENICE, FL 34293 US

**New Mailing Address:**

**FEI Number:** 59-1237881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOLMAN, JOHN . S  
1730 CARRIBBEAN CIRCLE  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V  
Name: TOLMAN, JOHN S  
Address: 1730 CARIBBEAN CIRCLE  
City-St-Zip: VENICE, FL 34293

Title: P  
Name: SIMMONS, RICHARD  
Address: 1735 CARIBBEAN CIRCLE  
City-St-Zip: VENICE, FL 34293

Title: S  
Name: PLUMMER, JUDITH  
Address: 1525 LAKESIDE DRUVE  
City-St-Zip: VENICE, FL 34293

Title: T  
Name: TOLMAN, JOHN S  
Address: 1730 CARIBBEAN CIRCLE  
City-St-Zip: VENICE, FL 34293

Title: AT  
Name: EDSON, NEENIE  
Address: 1753 CARIBBEAN CIRCLE  
City-St-Zip: VENICE, FL 34293

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOHN S. TOLMAN

TREA

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date