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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:07

DOCUMENT # 740863 (6)

1. Corporation Name
CARIBBEAN ISLES RESIDENTIAL PARK CIVIC ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
405 ELSBERRY RD APOLLO BEACH FL 33572	405 ELSBERRY RD APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1994122 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

CLARK, GENE
197 ST. THOMAS CT.
APOLLO BCH. FL 33572

10. Name and Address of New Registered Agent

81 Name: Marguerite L. Marunda
82 Street Address (P.O. Box Number is Not Acceptable): 111 St. Pierre's Way
83: Apollo Beach
84 City: **FL** 85 Zip Code: 33572-2230

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Marguerite L. Marunda — Marguerite L. Marunda — March 2, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T ☐ Change ☐ Addition
NAME	RIGSBY, MAE	1.2 NAME	Marguerite L. Marunda
STREET ADDRESS	CARIBBEAN ISLES RES PK	1.3 STREET ADDRESS	111 St. Pierre's Way
CITY-ST-ZIP	APOLLO BEACH	1.4 CITY-ST-ZIP	Apollo Beach, Fl. 33572-2230
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MOMINEE, ROSEMARY	2.2 NAME	
STREET ADDRESS	CARIBBEAN ISLES RES PK	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	AMES, CLIFF	3.2 NAME	
STREET ADDRESS	CARIBBEAN ISLES RES PK	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	LAVON, SETH	4.2 NAME	
STREET ADDRESS	CARIBBEAN ISLES RES PK	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	BROWN, LES	5.2 NAME	J ake Williams
STREET ADDRESS	CARIBBEAN ISLES RES PK	5.3 STREET ADDRESS	122 St. anne's Circle East
CITY-ST-ZIP	APOLLO BCH FL	5.4 CITY-ST-ZIP	Apollo Beach Fl.33572-2230
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	GUNDER, SUZANNE	6.2 NAME	
STREET ADDRESS	CARIBBEAN ISLES RES PK	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Marguerite L. Marunda — Marguerite L. Marunda — 3/6/95 — 813/6454343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0085017