FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 740863

1. Corporation Name
CARIBBEAN ISLES RESIDENTIAL PARK CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
405 Elsberry Rd. Apollo Beach, FL	405 Elsberry Rd. Apollo Beach Fl. 33572

3. Date Incorporated or Qualified: 11/22/1977
3a. Date of Last Report: 3/2/95

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Marguerite Marunda
111 St. Pierre's Way
Apollo Beach, FL 33572-2230

10. Name and Address of New Registered Agent

81 Name: Gene Clark
82 Street Address (P.O. Box Number is Not Acceptable): 197 St. Thomas Ct.
83 Apollo Beach, FL 33572-2230
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: Gene P. Clark — Gene P. Clark — 3/12/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T Marguerite Marunda 111 St. Pierre's Way Apollo Beach, FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	T Schmidt, Jan 153 St. Thomas Circle, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mominee, Rosemary Caribbean Isles Res. Park	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Seth, LaVon 128 St. Pierre's Way Apollo Beach, FL 33572	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ames, Cliff Caribbean Isles Res. Pk Apollo Beach	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Drinkard, Rosalyn 150 St. Thomas Cir., S. Apollo Beach, FL 33572	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Seth, LaVon 128 St. Pierre's Way Apollo Beach, FL 33572	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	S Williams, Barbara 136 St Thomas Cir., S. Apollo Beach, FL 33572	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gunder, Suzanne 101 St. Pierre's Way Apollo Beach, FL 33572	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	400001754727 -03/22/96--01038--028 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MacKenzie, Malcolm 128 St. John's Way, W. Apollo Beach, FL 33572	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: Barbara S. Williams — Barbara S. Williams — 3/12/96 — 813-645-8174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SG 3-22-96