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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33572-2203

3. Date Incorporated or Qualified: 11/22/1977
3a. Date of Last Report: 03/22/1996

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

CLARK, GENE
197 ST. THOMAS CT.
APOLLO BCH. FL 33572-2230

10. Name and Address of New Registered Agent

81 Name: BROWN, LESTER
82 Street Address (P.O. Box Number is Not Acceptable): 224 ST. THOMAS CIRCLE, N.
83
84 City: APOLLO BEACH FL 85 Zip Code: 33572

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: Lester BRB — LESTER BROWN — 4/9/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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 SCHMIDT, JAN 153 ST THOMAS CIR APOLLO BEACH ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T MacKenzie, Jessie 128 St. John's Way W. APOLLO BEACH ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAVON, SETH 128 ST PIERRES WAY APOLLO BEACH FL 33582 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRINKARD, ROSALYN 150 ST THOMAS CIR S APOLLO BEACH FL 33572 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILLIAMS, BARBARA 136 ST THOMAS CIR APOLLO BCH FL 33572 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GUNDER, SUZANNE 101 ST. PIERRES WAY APOLLO BCH FL 33572 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	P BROWN, LESTER 224 St. Thomas Circle, N. Apollo Beach ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MACKENZIE, MALCOLM 128 ST JOHNS WAY APOLLO BEACH FL 33572 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	V Eley, Donas 129 St, Thomas Circle, S. Apollo Beach ☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Barbara S. Williams BARBARA S. WILLIAMS DIRECTOR — Barbara S. Williams — 3/26/97 — 813-645-8074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046388