## 3/24/98 13-3806 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sendra B. Many

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

# 740863

(6)

CARIBBEAN ISLES RESIDENTIAL PARK CIVIC ASSOCIATION, INC.



**FILED** 

Mar 26 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address				T I DESIX SOUS OFERS ABOUT SOUR DIVIDE FOR BYOM BYOM BYOM BYOM BYOM BYOM
		405 ELSBERRY RD APOLLO BEACH FL 33572	<b>:</b>	3. Date Incorporated or Qualified
				4. FEI Number Applied For
			_	<b>59-1994122</b> Not Applicable
Principal Place of Business     The Principal Place of Business		2a. Mailing Address 26		5. Certificate of Status Desired   \$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.		Election Campaign Financing \$5.00 May Be
22 27				Trust Fund Contribution Added to Fees
City & State City & State			7. Is this nonprofit corporation a homeowners association?	
23		28		☐ Yes ☐ No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29]	30	Personal Property Tax due June 30. Yes No
<del></del>	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
BROWN; LEGTER  224 ST THOMAS OR N  APOLLO BCH. FL 33572-2230  P3  APOLLO BCH. FL 33572-2230				
			84 City	POLLO BEACH FL 85 Zip Code 35572
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 DONAS ELEY PRES. Whomas Eley				
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	MACKENATIE IECOIE	TAT DECEME	1.1 TITLE	BILL HAMLIN
NAME	MACKENAZIE, JESSIE		1.2 NAME	
STREET ADDRESS	128 ST JOHNS WAY W		1.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	APOLLO BEACH	IØ or ryr	1.4 CITY - ST - ZIP	
TITLE	D	DELETE	2.1 TITLE	VICE PRESIDENT Change Addition
NAME	LAVON, SETH		2.2 NAME	LAVON SETH
STREET ADDRESS	128 ST PIERRES WAY		2.3 STREET ADDRESS	'   • • • • •
CITY-ST-ZIP	APOLLO BEACH FL 33582	W ocurr	2. 4 CITY-ST-ZIP	APOLLO BEACH FLA. 38572
TITLE	D	DELETE	3.1 TITLE	DIRECTOR Change Addition
NAME	DRINKARD, ROSALYN		3.2 NAME	RICHARD STEVENS
STREET ADDRESS	150 ST THOMAS CIR S		3.3 STREET ADDRESS	APOLLO BEACH FLA 39575
CITY-ST-ZIP	APOLLO BEACH FL 33572		3.4. CITY-ST-ZIP	
TATLE	8	DELETE	4.1 TITLE	MARYENE BLOSER Change Addition
NAME	WILLIAMS, BARBARA		4. 2 NAME	SECRETARY
STREET ADDRESS	136 ST THOMAS CIR		4.3 STREET ADDRESS	
City-St-ZiP	APOLLO BCH FL 33572		4.4 CITY-ST-ZIP	APOLLO BERGH FLA 38572
TITLE	P	DELETE	5.1 TITLE	JEAN DICKLE Change MAddition
NAME	Brown, Lester		5.2 NAME	DIRECTOR
STREET ADDRESS	224 ST THOMAS CR N		5.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BCH FL		5.4 CITY - ST - ZIP	APOLLO BEACH PLA 38572
TITLE	V	DELETE	6.1 TITLE	PRES-  Change  Addition
NAME	ELEY, DONAS		6.2 NAME	DONNS ELEY
STREET ADDRESS	129 ST THOMAS CR S		6.3 STREET ADDRESS	129 ST THOMAS CIRCLES

14. I 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:

APOLLO BEACH FL

POSTALLER PROMINED Alona a Cley 2-27-98

R2E037 (10/9)