2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740863

1. Entity Name

CARIBBEAN ISLES RESIDENTIAL PARK CIVIC ASSOCIATI

FILED
Feb 03, 2000 8:00 am
Secretary of State
02-03-2000 90017 015 ****61.25

Principal Place of Business	Mailing Address
405 ELSBERRY RD APOLLO BEACH FL 33572	405 ELSBERRY RD APOLLO BEACH FL 33572-2203

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1994122 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMASAL, BETTY M 196 N SAINT THOMS CIR. APOLLO BCH. FL 33572	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 Betty M Smasal 1/29/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAMLIN; BILL 225 ST THOMAS CIR N APOLLO BEACH 33572	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBARA RAY 112 ST ANNE'S CIRCLE W APOLLO BEACH 33572	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SETH, LAVON 128 ST PIERRES WAY APOLLO BEACH FL 33572	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BETTY HAUGH 126 ST JOHN'S WAY W APOLLO BEACH 33572	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEVENS, RICHARD 40 ST LUCIA LOOP W APOLLO BEACH FL 33572	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PATSY GARTZ 124 ST PIERRE'S WAY APOLLO BEACH 33572	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMASAL, BETTY M 196 N SAINT THOMAS CIR. APOLLO BCH FL 33572	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DOLORES SMITH 108 ST JOHN'S WAY W APOLLO BEACH 33572	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, MARION 115 SAINT LUCIA LOOP E. APOLLO BCH FL 33572	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, JAKE 122 SAINT ANNES CIRC. E. APOLLO BEACH FL 33572	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William S. Hamlin SIGNATURE REQUIRED TREASURER 1/29/00 813-645-5785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #