2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
03-03-2002 90106 040 ****61.25

DOCUMENT # 740863

1. Entity 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

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
HOUGH, BETTY J 126 ST JOHNS WAY W APOLLO BCH. FL 33572	Name: JOHN MASTERSON Street Address (P.O. Box Number is Not Acceptable): 111 ST JOHN'S WAY W City: APOLLO BEACH FL Zip Code: 33572

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: John E Masterson — 2/16/02
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	P JOHN MASTERSON 111 ST JOHN'S WAY W APOLLO BEACH FL 33572	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, BARBARA 112 ST ANNE'S CIRCLE W APOLLO BEACH FL 33572	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSALIE GREENLAND 306 PORT ROYAL LANE APOLLO BEACH FL 33572	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMASAL, ROBERT 196 ST THOMAS CIR N APOLLO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOAN WILLIAMS 116 ST GEORGE CIR N APOLLO BEACH FL 33572	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARAJON, MARY LOU 101 ST LUCIA LP W APOLLO BCH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD STEVENS 110 ST LUCIA LOOP W. APOLLO BEACH FL 33572	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOUGH, BETTY J 126 ST JOHNS WAY LN APOLLO BCH FL 33572	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BARTZ, PATSY 124 ST PIERRE'S WAY APOLLO BEACH FL 33572	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTY GORROW 101 ST MARTIN'S WAY APOLLO BEACH FL 33572	☐ Change ☑ Addition

CR2E037 (9/01)

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: John E Masterson JR/Masterson PRESIDENT — 2/16/02 — 813.645-8116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #