## FILED May 17, 2004 8:00 am Secretary of State 05-17-2004 90015 012 \*\*\*\*61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740863 1. Entity Name  CARIBBEAN ISLES CIORC ASSOCIATION  24076139  2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FÉI Number	4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired		5 Additional equired	
et on	The state of the s	Name	7. Name and Address of Current Registered Agent					
DO NOT-WRITE Street Address (PO. Box Number is Not Acceptable)								
	IN THIS SPA	And the state of t						
	- 19 Bill 20 - 12 - 13		City			FL Zip	Code	
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registered office or re	gistered agent, or both,	in the state of Flori	ida. I am familiar v	with, and accept	
SIGNATURE Signatura[Appool org/mined name of regulatered appricables (NOTE: Registated Agent apparature required when reinstating)  7/3/04  DAVE								
With the second	FEE JS \$81.25 initial or Amended UBR	Trust Fund (	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	All the second s	ce Check Pay a Department	Carried Control of the Control	
10.	OFFICERS AND DIRE		mus :				8	
NAME STREET ADDRESS	DAVE YARMOTHS CIR	.dc	NAME STREET ADDRESS				CR2E037B (12/02	
CITT-ST-ZIP	HAORO BENCH 1 JINE	ida 335722	CTY-ST-ZIP				E037	
NAME	Vice President Betly Hough		TITLE				CR2	
STREET ADDRESS CITY-ST-ZIP	126 ST. Johns WAY A ADONO BEACH FLOR	). 104 33572	STREET ADDRESS.			7. Prof. (17. 15.)		
TITLE .	TREASURER		TITLE					
STREET ADORESS			STREET ADDRESS	nc	NOT I	NOITE		
CITY-ST-ZIP	APOND BEACH Florida 33572		CITY-ST-ZIP	A Company of the Comp	- DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS	MARY REED SORGE CIRC	·6	NAME STREET ADDRESS	, in	I MID 3	PACE		
CITY-ST-ZIP	Apollo BEACH Float	DA 33572	CTY-ST-ZIP 1-C					
TITLE NAME	93515TANT .TREASURER Shrien Kinnaman	<b>L</b>	HAME					
STREET ADDRESS CITY-ST-ZIP	189 ST THOMAS CIRCL U. APPRO BEACH FLORIDA 33570		STREET ADDRESS					
TITLE	DIRector		mu					
NAME STREET ADDRESS	BOD SMASAI 196 St. Thomas CIR	icle N.	STREET ADDRESS					
12. I hereby of	applio Beach Fl	ORIGA 3357	cmy st-zip	in Section 119.07(3)(i)	Florida Statutes 1	further certify the	t the information	
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 east; 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 on an attachment with an address, with all other like empowered.								
10/11/2 1								
SIGNATURE: WILLIAM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR DUE DUE DOUGHT PROVER PROVE								

Attachment 24076139 H740803

To Whom It May Concern

Bill Hamlin had a phone conversation with your office and was told to fill out the information on the change of officers for the Caribbean Isles Civic Association and include a check for the required amount. All other information will stay the same. If there are any questions, please feel free to contact me.

Dave Yarmuth
President Caribbean Isles Civic Association