# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 12, 2007 8:00 am**
**Secretary of State**
02-12-2007 90105 032 ****61.25

DOCUMENT # 740863

1. Entity Name

CARIBBEAN ISLES RESIDENTIAL PARK CIVIC ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 405 ELSBERRY RD<br>APOLLO BEACH FL 33572 | 405 ELSBERRY RD<br>APOLLO BEACH FL 33572 |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 405 Elsberry Road | 405 Elsberry Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Apollo Beach FL | City & State: Apollo Beach FL |
| Zip: 33572 Country: | Zip: 33572 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 |
|---|---|
| BRELFFORD, BRIDGIE<br>191 ST THOMAS CIR NORTH<br>APOLLO BEACH FL 33572 | Name: Brelfford Bridgie<br>Street Address (P.O. Box Number is Not Acceptable): 191 St Thomas Cir N.<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: BBBrelsford
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**
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HAMLIN, BILL<br>225 ST THOMAS CIR N<br>APOLLO BEACH 33572 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SCHWERDTORANN, MARY ANN<br>192 PORT ROYAL LN<br>APOLLO BEACH FL 33572 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>Asst Treasurer<br>Mary L Reed<br>228 St George Cir.<br>Apollo Beach, FL 33572 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MORAN, AMELIA<br>122 ST.LUCIA LOOP WEST<br>APOLLO BEACH FL 33572 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AT<br>WILLIAMS, BARBARA<br>136 ST THOMAS CIR SOUTH<br>APOLLO BEACH FL 33572 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>Secretary<br>Williams, Barbara<br>136 St Thomas Cir. S<br>Apollo Beach FL 33572 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ZELTON, NORBIE<br>188 ST THOMAS CIR NORTH<br>APOLLO BEACH FL 33572 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOUCH, BETTY<br>126 ST JOHN'S WAY WEST<br>APOLLO BEACH FL 33572 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** BBBrelsford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #