2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State
02-11-2008 90044 034 ****61.25

DOCUMENT # 740863

1. Entity Name
CARIBBEAN ISLES RESIDENTIAL PARK CIVIC ASSOCIATION, INC.

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

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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
BRELFFORD, BRIDGIE 191 ST THOMAS CIR NORTH APOLLO BEACH, FL 33572	Name GARETH R. SCHUMACHER Street Address (P.O. Box Number is Not Acceptable) 310 PORT ROYAL LN S 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 Gareth Schumacher President JAN 16, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 HAMLIN, BILL 225 ST THOMAS CIR N APOLLO BEACH, 33572	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER BARB BLUE 174 ST. THOMAS APOLLO BEACH, FL 33572	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REED, MARY C 228 STREET GEORGE CIR APOLLO BEACH, FL 33572	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE BARBARA BARIL 101 ST. GEORGE CT. APOLLO BEACH, FL 33572	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORAN, AMELIA 122 ST.LUCIA LOOP WEST APOLLO BEACH, FL 33572	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.PRESIDENT BARB KIMBALL 103 ST. ANNES E APOLLO BEACH, FL 33572	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILLIAMS, BARBARA 136 ST THOMAS CIR SOUTH APOLLO BEACH, FL 33572	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCTY. SARA WILLIAMSON 143 ST. ANNES E. APOLLO BEACH, FL 33572	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZELTON, NORBIE 188 ST THOMAS CIR NORTH APOLLO BEACH, FL 33572	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE EILEEN SCHORR 117 ST. JOHNS E. APOLLO BEACH, FL 33572	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUCH, BETTY 126 ST JOHN'S WAY WEST APOLLO BEACH, FL 33572	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR (ACTIVITIES) ROSE GREENLAND 306 PORT ROYAL LN S APOLLO BEACH, FL 33572	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Gareth Schumacher (PRESIDENT) JAN. 16, 2008 813-641-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

el # 4132
1.26.08
$61.25