## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT # 740863**

1. Entity Name

## CARIBBEAN ISLES RESIDENTIAL PARK CIVIC ASSOCIATI



Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90208 045 \*\*\*\*61.25

FILED



Principal Place of Business Mailing Address 405 ELSBERRY RD 405 ELSBERRY RD 10013653 APOLLO BEACH FL 33572 APOLLO BEACH FL 33572 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1994122 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVID YARMUTH MASTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 111'ST JOHNS WAY W APOLLO BCH, FL 33572 Zip Code 39571 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PRESIDENT ☐ Delete TITLE ☐ Change Addition TITLE DAVID YARMUTH 131 ST ANNE'S CIR E. HAMLIN, BILL NAME NAME 225 ST THOMAS CIR N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOLLO BEACH CITY-ST-ZIP APOLLO BEACH 33572 3357v ☐ Change Addition Delete TITLE GREENLAND, ROSALIE ROBERT NAME 124 ST JOHN'S WAY 306 PORT ROYAL LANE STREET ADDRESS STREET ADDRESS GEACH\_ CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL 33572 33571 Delete UCITA MARX NAME WILLIAMS, JOAN NAME ST Live IA GOOP W STREET ADDRESS 116 ST GEORGE CIR N-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Change TITLE Delete TITLE STEVENS, RICHARD 5m15AL NAME NAME THOMAS CIR N. STREET ADDRESS 101 ST LUCIA LP W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOLLO BCH FL TITLE Delete
De TITLE DIRECTOR HOUGH, BETTY J NAME NAME STREET ADDRESS 126 ST JOHNS WAY LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOLLO BCH FL 33572 Addition TITLE Delete TITLE NAME BARTZ, PATSY NAME STREET ADDRESS 101 ST MARTIN'S WAY STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

APOLLO BEACH FL 33572

CITY-ST-7IP