


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90036 025 ****61.25

DOCUMENT # 745091

1. Entity Name
CASA YBEL BEACH AND RACQUET CLUB
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2255 WEST GULF DR
SANIBEL, FL 33957 US


Mailing Address
1509 PERIWINKLE WAY
SANIBEL, FL 33957 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1980596

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HILTON GRAND VACATIONS COMPANY, LLC
6355 METROWEST BLVD STE 180
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, RICHARD K 661 EL DORADO PKWY PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, SUSAN A 4559 SOUNDSIDE TERRACE GULF BREEZE, FL 32563	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, LYNN L BOX 626 HOWARD, KS 67349	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREMANN, DALE C 10 CUTTER CIRCLE BLUFFTON, SC 29909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIKEN, LEONARD 1192 SALT MARSH CIRCLE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GALA, JOSEPH A 14880 DAVID DR FORT MYERS, FL 33908	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Demos, John W. 7602 Candlewood Lane Indianapolis, IN 46250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  John W. Demos **2-3-08 317-402-3797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40064902

#745091

2008 NOT-FOR PROFIT CORPORATION
ANNUAL REPORT

CASA YBEL BEACH AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.
ATTACHMENT

10.
Title PD Delete
Name Jackson, Richard K.
Street Address 661 El Dorado Parkway
City-St-Zip Plantation, FL 33317

Title D
Name Walter, Susan A.
Street Address 4559 Soundside Terrace
City-St-Zip Gulf Breeze, FL 32563

Title D
Name Perkins, Lynn L.
Street Address Box 626
City-St-Zip Howard, KS 67349

Title D
Name Dremann, Dale C.
Street Address 10 Cutter Circle
City-St-Zip Bluffton, SC 29909

Title D
Name Elikan, Leonard
Street Address 1192 Salt Marsh Circle
City-St-Zip Ponte Vedra Beach, FL 32082

Title STD
Name Gala, Joseph A.
Street Address 14880 David Drive
City-St-Zip Fort Myers, FL 33908

Title D Delete
Name Demos, John W.
Street Address 7602 Candlewood Lane
City-St-Zip Indianapolis, IN 46250

11.
Title PD Addition
Name Demos, John W.
Street Address 7602 Candlewood Lane
City-St-Zip Indianapolis, IN 46250

Title VD Change
Name Walter, Susan A.
Street Address 4559 Soundside Terrace
City-St-Zip Gulf Breeze, FL 32563

Title
Name
Street Address
City-St-Zip

Title
Name
Street Address
City-St-Zip

Title
Name
Street Address
City-St-Zip

Title
Name
Street Address
City-St-Zip

Title D Addition
Name Sweeney, Patricia
Street Address 1835 Pleasant Street
City-St-Zip West Des Moines, IA 50265