

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Mornum  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
FILED

MAY 1 11 24 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **745896** (1)  
1. Corporation Name  
**CARIBBEAN BEACH CLUB ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
~~11595 KELLY ROAD~~  
~~PO BOX 33908~~  
~~FT. MYERS FL 33908~~  
11595 KELLY ROAD  
~~PO BOX 33908~~  
FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/12/1979** 3a. Date of Last Report **10/04/1994**  
4. FEI Number **59-1972323** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **7600 Estero Blvd.** 25  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 City & State 27 City & State  
23 **Ft. Myers Beach, FL** 28  
Zip Country Zip Country  
24 **33931** 25 **Lee** 29 30

9. Name and Address of Current Registered Agent  
**KENOYER, TONNA A**  
**11595 KELLY ROAD**  
**FT. MYERS FL 33908**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (last or printed) name of registered agent and the date of signature. (NOTE: Registered agent signature may not differ in spelling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V</b>	<del>KUBAK, JOSEPH</del> <b>1220 SHELBY PKY</b> <b>CAPE CORAL FL 33904</b>	11 TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME <b>Kubak, Joseph</b>	
STREET ADDRESS		13 STREET ADDRESS <b>1220 Shelby Pkwy.</b>	
CITY, ST, ZIP		14 CITY, ST, ZIP <b>Cape Coral, FL 33904</b>	
TITLE <b>D</b>	<b>BANKER, ALBERT</b> <b>26881 WEDGWOOD DR., UNIT 103</b> <b>BONITA SPRINGS FL 33923</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE <del>ST</del>	<del>POPE, PAUL JR.</del> <b>2293 SW 24TH TERRACE</b> <del>MIAMI FL</del>	31 TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME <b>Ron Neishloss</b>	
STREET ADDRESS		33 STREET ADDRESS <b>17 Burnside Avenue</b>	
CITY, ST, ZIP		34 CITY, ST, ZIP <b>Norristown, PA 19403</b>	
TITLE <b>P</b>	<b>JENNINGS, JAMES</b> <b>1858 CHATFIELD RD</b> <b>COLUMBUS OH</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE <del>D</del>	<del>GARDNER, CRA</del> <b>122 SE 43RD ST</b> <b>CAPE CORAL FL</b>	51 TITLE <b>Pope, Paul, Jr.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME <b>2293 S.W. 24th Terrace</b>	
STREET ADDRESS		53 STREET ADDRESS <b>Miami, Florida 33145</b>	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE <del>D</del>	<del>O'CONNOR, EDWARD</del> <b>13500 BROADWAY</b> <b>ALDEN NY</b>	61 TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME <b>O'Connor, Edward</b>	
STREET ADDRESS		63 STREET ADDRESS <b>1669 Linden Avenue</b>	
CITY, ST, ZIP		64 CITY, ST, ZIP <b>Alden, N.Y. 14004</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph R. Kubak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Joseph R. Kubak**

4-27-95  
813  
454-1200  
Toll Free  
Telephone Number