

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745896** (1)

1. Corporation Name

CARIBBEAN BEACH CLUB ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7600 ESTERO BLVD.
FT. MYERS FL 33931
US

11595 KELLY ROAD
PO BOX 6046
FT. MYERS FL 33908

3. Date Incorporated or Qualified **02/12/1979** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 12995 CLEVELAND AVE.

22 City & State

27 SUITE 164

24 Zip

25 Country

28 FORT MYERS, FL

29 33907

30 Country

4. FEI Number **59-1972323**

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **RDI RESORT SERVICES**
82 Street Address (P.O. Box Number is Not Acceptable) **DONNA SAGE**
83 **12995 CLEVELAND AVE**
84 City **FORT MYERS** 85 Zip Code **FL 33907**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Donna Sage

(NOTE: Registered Agent signature required when reinstating)

4/18/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	KUBAK, JOSEPH	
STREET ADDRESS	1220 SHELBY PKY.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANKER, ALBERT	
STREET ADDRESS	26881 WEDGWOOD DR., UNIT 103	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEISHLOSS, RON	
STREET ADDRESS	17 BURNSIDE AVE	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JENNINGS, JAMES	
STREET ADDRESS	1858 CHATFIELD RD	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POPE, PAUL JR.	
STREET ADDRESS	2293 S.W. 24TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	O'CONNOR, EDWARD	
STREET ADDRESS	1669 LINDAN AVE	
CITY-ST-ZIP	ALDEN NY	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	26881 WEDGWOOD DRIVE
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	NORRISTOWN, PA 19403
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	COLUMBUS, OH 43221
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	MIAMI, FL 33145
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	ALDEN, NY 14004
6.4 CITY-ST-ZIP	

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 P. Kubak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96
DATE

Daytime Phone #

CFR2E037 (12/95)