FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

745896

(1)

DOCUMENT # CARIBBEAN BEACH CLUB ASSOCIATION, INC.

CARIBBEAN BEACH CLUB ASSOCIATION, INC.				. 1884 1884 1884 1884 1884 1884 1884 18		
cipal Place of E	Rusiness	Mailing Address				
icipal Flace of C	J03111000	11595 KELLY ROAD		l l		
600 ESTERO BL		PO BOX 6046				
		FT. MYERS FL 33908		3. Date Incorporated or Qualified	3a. Date of Last Rep	oort
5				02/12/1979	05/01/199	
	<u></u>			4. FEI Number	App	lied For
rincipal Place	of Business	2a. Mailing Address		59-1972323	Not	Applicable
		Suite, Apt. #, etc.		Chattura Dogirand	\$8.75 A	
Suite, Apt. #, etc.		27 SUITE 164		Certificate of Status Desired		
		City & State		6. Election Campaign Financing	\$5.00 °	•
City & State				Trust Fund Contribution	Added is	
		28 FORT MYERS, FL	Country	8. This corporation has liability for int	angible tax under s. 19	99.032
Zip	Country	30	1	Florida Statutes 🔼	Yes ∐ No	
	9. Name and Address of Curren	14-5 3-2(3/1/		10. Name and Address of New Re	gistered Agent	
	9. Name and Address of Corre		81 Name	RDI RESORT SERVICES		
				dress (P.O. Box Number is Not Acceptable)		
KENOYER, TONNA A			82 Street AC	ONNA SAGE		
11595 KELLY ROAD			83			
FT. MYER	S FL 33908			12995 CLEVELAND AVE	85 Zip (Code
			84 City	FORT MYERS	FL 1 1 22	3907
		Total AFOO Florida Statutes 1	ne above-named cori	FORT MYERS poration submits this statement for the purporard of directors. I hereby accept the appoint	ose of changing its rec	gistered office
I. Pursuant to	the provisions of Sections 617.050	2 and 617,1508, Fighba Statutes, it ida. Such change was authorized b	y the corporation's b	poration submits this statement for the purposard of directors. I hereby accept the appoint	nimeni as registered b	gent. rum
or registered familiar with.	and accept the obligations of, Sec	tion 617.0503, Florida Statutes.		4	112/96	
	11/100 - 2474		legistered Agent signature rec		DATE:	
SI	gnature, typed or printed name of regultered ager	THE BUILD THE STATE OF THE STAT	13.	ADDITIONS/CHANGES TO OF FI	CERS AND DIRECTOR	S IN 12
2.	OFFICERS AN	ND DIRECTORS	1.1 TITLE		Change	☐ Addition
TLE	T	Loccin	12 NAME			
ME	KUBAK, JOSEPH		1.3 STREET ADDRESS			
TREET ADDRESS	1220 SHELBY PKY.		1.4 CITY - ST - ZIP	CAPE CORAL, FL 33904		
CITY-ST-ZIP	CAPE CORAL FL	[]DELETE	2 1 TITLE	CRED SOLVEY	Change	Addition
ITLE	D	Прист	2 2 NAME			
IAME	Banker, Albert		2.3 STREET ADDRESS	THE PROPERTY OF THE		
STREET ADDRESS	26881 WEDGWOOD DR., U	NIT 103	1 -	26881 WEDGEWOOD DRIVE		
CITY-ST-ZIP	BONITA SPRINGS FL 33923	3	2 4 City-SI-ZIP 31 TITLE		Change	Addition
ITLE	S	DELETE				
NAME	NEISHLOSS, RON		3.2 NAME			
STREET ADDRESS	17 BURNSIDE AVE		3 3 STREET ADDRESS	NORRISTOWN, PA 19403		
CITY-ST-ZIP	NORRISTOWN PA	Floriett	3.4 CITY-ST-ZIP	Aldred Commy 215	Change	Addition
TITLE	P	DELETE		1		
NAME	JENNINGS, JAMES		4. 2 NAME			
STREET ADDRESS	1858 CHATFIELD RD		4.3 STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS OH		4 4 CITY - ST - ZIP	COLUMBUS, OH 43221	Change	Addition
TITLE	D	DELETE	5 1 TITLE	1	^	
NAME	POPE, PAUL JR.		5 2 NAME			
STREET ADORESS	2293 S.W. 24TH TERRACE	<u>:</u>	5 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		5 4 CITY - ST - ZIP	MIAMI, FL 33145	K Change	☐ Additio
TITLE	VP	DELETE	61 TITLE	1		
	O'CONNOR, EDWARD		62 NAME			
MARIE			6.3 STREET ADDRESS	3 T DEST 3 TO 1 4004		
NAME CTRCET ADDRESS	I 1660 LINUAN AVE					
STREET ADDRESS	1669 LINDAN AVE		64 CITY - ST - ZIP	ALDEN, NY 14004 Jairly for the exemption stated in Section 11 accurate and that my signature shall have the this report as required by Chapter 617,	9.07(3)(k), Florida Statu	ites. I further

4-18-92

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