

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: **7600 ESTERO BLVD. FT. MYERS FL 33931 US**
Mailing Address: **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: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

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: *[Signature]* DATE: **4/18/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T KUBAK, JOSEPH	1.2 NAME	
STREET ADDRESS	1220 SHELBY PKY.	1.3 STREET ADDRESS	CAPE CORAL, FL 33904
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	D BANKER, ALBERT	2.2 NAME	
STREET ADDRESS	26881 WEDGWOOD DR., UNIT 103	2.3 STREET ADDRESS	26881 WEDGWOOD DRIVE
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	S NEISHLOSS, RON	3.2 NAME	
STREET ADDRESS	17 BURNSIDE AVE	3.3 STREET ADDRESS	NORRISTOWN, PA 19403
CITY-ST-ZIP	NORRISTOWN PA	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME	P JENNINGS, JAMES	4.2 NAME	
STREET ADDRESS	1858 CHATFIELD RD	4.3 STREET ADDRESS	COLUMBUS, OH 43221
CITY-ST-ZIP	COLUMBUS OH	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME	D POPE, PAUL JR.	5.2 NAME	
STREET ADDRESS	2293 S.W. 24TH TERRACE	5.3 STREET ADDRESS	MIAMI, FL 33145
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME	VP O'CONNOR, EDWARD	6.2 NAME	
STREET ADDRESS	1669 LINDAN AVE	6.3 STREET ADDRESS	ALDEN, NY 14004
CITY-ST-ZIP	ALDEN NY	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: *[Signature]* DATE: **4-18-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (12/95)