


FILE NOW: FILING FEE IS \$61.25

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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 P.O. BOX 540669 MERRITT ISLAND FL 32954 US
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3. Date Incorporated or Qualified 02/12/1979		
4. FEI Number 59-1972323	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**KIPI AND LOWE, ESQ.
1759 WEST BROADWAY, SUITE 8
OWIEDO FL 32785**

10. Name and Address of New Registered Agent

81 Name Jeffery T. Kipi, PA (same agent)	
82 Street Address (P.O. Box Number is Not Acceptable) 475 W. Broadway, Suite 2	
83	
84 City Oviedo	85 Zip Code FL 32765

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 Jeffery T. Kipi *[Signature]* **5 Feb 98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T <input checked="" 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 WEDGEWOOD DR
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	S <input type="checkbox"/> DELETE
NAME	NEISHLOSS, RON
STREET ADDRESS	17 BURNSIDE AVE
CITY-ST-ZIP	NORRISTOWN PA
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVID, BERRY
STREET ADDRESS	2740 VIS LA QUINTA
CITY-ST-ZIP	N. FORT MYERS FL 33917
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDRES, THOMAS
STREET ADDRESS	772 N. US HWY 1
CITY-ST-ZIP	N. PALM BEACH FL 33408
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	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wilmes, Robert
1.3 STREET ADDRESS	1309 Dallwood Dr.
1.4 CITY-ST-ZIP	St. Louis, MO 63126 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Judson, Dr. Harry
2.3 STREET ADDRESS	27624 Hickory Blvd.
2.4 CITY-ST-ZIP	Bonita Springs, FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Andres, Thomas
3.3 STREET ADDRESS	772 US Highway 1
3.4 CITY-ST-ZIP	N. Palm Beach, fl 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	P
4.2 NAME	O'Connor, Edward
4.3 STREET ADDRESS	1669 Lindan Ave., Alden NY 14004
4.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **2-11-98 (54) 626-0400**

CR2E037 (10/97)