


**FILE NOW: FILING FEE IS \$61.25**

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

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 745896 (1)**

1. Corporation Name

**CARIBBEAN BEACH CLUB ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business                   | Mailing Address                                  |
| 7800 ESTERO BLVD.<br>FT. MYERS FL 33931<br>US | P.O. BOX 540669<br>MERRITT ISLAND FL 32954<br>US |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

|                                   |                |
|-----------------------------------|----------------|
| 3. Date Incorporated or Qualified | 02/12/1979     |
| 4. FEI Number                     | 59-1972323     |
| Applied For                       | Not Applicable |

|   |   |
|---|---|
| 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.<br>1759 WEST BROADWAY, SUITE 8<br>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 FL 85 Zip Code 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 DATE 5 Feb 98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | KUBAK, JOSEPH                              |
| STREET ADDRESS             | 1220 SHELBY PKY.                           |
| CITY-ST-ZIP                | CAPE CORAL FL                              |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | BANKER, ALBERT                             |
| STREET ADDRESS             | 26881 WEDGEWOOD DR                         |
| CITY-ST-ZIP                | BONITA SPRINGS FL                          |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | NEISHLOSS, RON                             |
| STREET ADDRESS             | 17 BURNSIDE AVE                            |
| CITY-ST-ZIP                | NORRISTOWN PA                              |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | DAVID, BERRY                               |
| STREET ADDRESS             | 2740 VIS LA QUINTA                         |
| CITY-ST-ZIP                | N. FORT MYERS FL 33917                     |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | ANDRES, THOMAS                             |
| STREET ADDRESS             | 772 N. US HWY 1                            |
| CITY-ST-ZIP                | N. PALM BEACH FL 33408                     |
| TITLE                      | <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  | VP   |
| 1.3 STREET ADDRESS                                    | Wilmes, Robert   |
| 1.4 CITY-ST-ZIP                                       | 1309 Dallwood Dr.<br>St. Louis, MO 63126                                     |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY-ST-ZIP                                       |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME  | D  |
| 3.3 STREET ADDRESS                                    | Judson, Dr. Harry  |
| 3.4 CITY-ST-ZIP                                       | 27624 Hickory Blvd.<br>Bonita Springs, FL 34134                              |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  | T  |
| 5.3 STREET ADDRESS                                    | Andres, Thomas   |
| 5.4 CITY-ST-ZIP                                       | 772 US Highway 1<br>N. Palm Beach, fl 33408                                  |
| 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  | P  |
| 6.3 STREET ADDRESS                                    | O'Connor, Edward   |
| 6.4 CITY-ST-ZIP                                       | 1669 Lindan Ave., Alden NY 14004   |

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 (64) 626-0400

CR2E037 (10/97)