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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745896

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

02/12/1979

4. FEI Number

59-1972323

Applied For:
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KIPI, JEFFERY T. P
475 W. BROADWAY
SUITE 2
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

Joseph A. Takcas, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

269 Crockett Blvd.

83

84 City

Merritt Island

FL

85 Zip Code

32953

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

1-29-99

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 VP DELETE
NAME WILMES, ROBERT
STREET ADDRESS 1309 DALLWOOD DRIVE
CITY-ST-ZIP ST. LOUIS MO 63126

TITLE D DELETE
NAME BANKER, ALBERT
STREET ADDRESS 26881 WEDGEWOOD DR
CITY-ST-ZIP BONITA SPRINGS FL

TITLE S DELETE
NAME NEISHLOSS, RON
STREET ADDRESS 17 BURNSIDE AVE
CITY-ST-ZIP NORRISTOWN PA

TITLE D DELETE
NAME DAVID, BERRY
STREET ADDRESS 2740 VIS LA QUINTA
CITY-ST-ZIP N. FORT MYERS FL 33917

TITLE T DELETE
NAME ANDRES, THOMAS
STREET ADDRESS 772 N. US HWY 1
CITY-ST-ZIP N. PALM BEACH FL 33408

TITLE P DELETE
NAME O'CONNOR, EDWARD
STREET ADDRESS 1669 LINDAN AVE
CITY-ST-ZIP ALDEN NY 14004

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VP Change Addition
12 NAME Wilmes, Robert
13 STREET ADDRESS 7600 Estero Blvd.
14 CITY-ST-ZIP Fort Myers, FL 33931

21 TITLE D Change Addition
22 NAME Banker, Albert
23 STREET ADDRESS 7600 Estero Blvd.
24 CITY-ST-ZIP Fort Myers, FL 33931

31 TITLE S Change Addition
32 NAME Neishloss, Ron
33 STREET ADDRESS 7600 Estero Blvd.
34 CITY-ST-ZIP Fort Myers, FL 33931

41 TITLE T Change Addition
42 NAME Andres, Thomas
43 STREET ADDRESS 7600 Estero Blvd.
44 CITY-ST-ZIP Fort Myers, FL 33931

51 TITLE P Change Addition
52 NAME O'Connor, Edward
53 STREET ADDRESS 7600 Estero Blvd.
54 CITY-ST-ZIP Fort Myers, FL 33931

61 TITLE D Change Addition
62 NAME Valentine, Richard
63 STREET ADDRESS 7600 Estero Blvd.
64 CITY-ST-ZIP Fort Myers, FL 33931

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, with all other like empowered.

(More additional Director info attached)

SIGNATURE:

2/2/99

Date

716-856-1344

Daytime Phone #

CR2E037 (11/98)

10541-90114-48
745896

Additional new Director information

D
Judson, Dr. Harry E.
7600 Estero Blvd.
Fort Myers, FL 33931