


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90054 026 \*\*\*150.00

<b>DOCUMENT # G61802</b>					
1. Entity Name <b>CARIBBEAN ISLES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>12100 SEMINOLE BLVD., #52 LARGO FL 33778</b>			Mailing Address <b>12100 SEMINOLE BLVD., #52 LARGO FL 33778</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2429220</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JOSEPH, JUSTIN G 1266 SOUTH PINELLAS AVE TARPON SPRINGS FL 34689</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Leo Dudley</u> <b>LEO DUDLEY TREASURER</b> <b>3/22/07</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROUGHTON, FRED 12100 SEMINOLE BLVD LOT 47 LARGO FL 33778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PESTA, ROBERT 12100 SEMINOLE BLVD LOT 342 LARGO, FL 33778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUDLEY, LEO 12100 SEMINOLE BLVD LOT 10 LARGO FL 33778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MUNCASTER, JEANNE 12100 SEMINOLE BLVD LOT 184 LARGO, FL 33778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BALES, MARY 12100 SEMINOLE BLVD LOT 317 LARGO FL 33778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOUGHTON, FRED 12100 SEMINOLE BLVD LOT 47 LARGO, FL 33778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PESTA, BOB 12100 SEMINOLE BLVD LOT 342 LARGO FL 33778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYERS, BOB 12100 SEMINOLE BLVD LOT 10 LARGO, FL 33778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE VOE, JEAN 12100 SEMINOLE BLVD LOT 291 LARGO FL 33778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MICHAUD, JUDY 12100 SEMINOLE BLVD LOT 132 LARGO, FL 33778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANISZEWSKI, FRAN 1200 SEMINOLE BLVD LOT 197 LARGO FL 33778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Leo Dudley **LEO DUDLEY TREASURER** **3/20/07** **(727) 585-2394**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #