


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000004171  
 1. Entity Name  
 CARISBROOKE COMMUNITY ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 575 S. WICKHAM ROAD      .575 S. WICKHAM ROAD  
 WEST MELBOURNE, FL 32904      WEST MELBOURNE, FL 32904

**DO NOT WRITE IN THIS SPACE**



03052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3663236	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 CLARK, COY A  
 575 S. WICKHAM ROAD  
 WEST MELBOURNE, FL 32904

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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, COY A 575 S. WICKHAM ROAD WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACKSTONE, JEFF 575 S. WICKHAM ROAD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STARNES, SONJA 575 S. WICKHAM ROAD WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000130309  
 04/26/04-80110-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Coy A. Clark      COY A CLARK      4/14/04      321-723-9888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #