

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000003412

1. Entity Name

LA CARIBE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

60 FT. PICKENS ROAD
TERRACE 3
PENSACOLA BEACH, FL 32561

Mailing Address

P.O. BOX 1205
GULF BREEZE, FL 32562



01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3731163

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, HARRY B
3696 QUAIL RUN ROAD
GULF BREEZE, FL 32563

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MOORE, HARRY B
STREET ADDRESS 3696 QUAIL RUN ROAD
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE V
NAME MOORE, JAMES F
STREET ADDRESS 1963 S CRESCENT PLACE
CITY-ST-ZIP SPRINGFIELD, MO 65809

TITLE ST
NAME MOORE, CHRISTINE
STREET ADDRESS 3696 QUAIL RUN ROAD
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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01/10/07-80090-024 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Moore Christine Moore

1/05/07

850-916-1837

Date

Daytime Phone #