

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02872

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** CARIBBEAN ISLES RESIDENTIAL COOPERATIVE ASSOCIATION, INC.

**Current Principal Place of Business:**

405 ELSBERRY RD  
APOLLO BEACH, FL 335729230

**New Principal Place of Business:**

**Current Mailing Address:**

405 ELSBERRY RD  
APOLLO BEACH, FL 335729230

**New Mailing Address:**

**FEI Number:** 59-2629011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANIELS, TRUDY  
405 ELSBERRY RD  
APOLLO BEACH, FL 33572 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EDWARDS, ROBERT  
Address: 405 ELSBERRY RD  
City-St-Zip: APOLLO BEACH, FL 33572

Title: VD ( ) Delete  
Name: THERIEN, STUART  
Address: 405 ELSBERRY RD  
City-St-Zip: APOLLO BEACH, FL 33572

Title: TD ( ) Delete  
Name: HAMLIN, BILL  
Address: 405 ELSBERRY RD  
City-St-Zip: APOLLO BEACH, FL 33572

Title: SD ( ) Delete  
Name: YARMUTH, DAVID  
Address: 405 ELSBERRY RD.  
City-St-Zip: APOLLO BEACH, FL 335729230

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT EDWARDS

PRES

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date