

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N03000006572



1. Entity Name  
CAXAMBAS SOUTH BEACH TERRACE CONDOMINIUM  
ASSOCIATION, INC.

Principal Place of Business  
834 BALD EAGLE DR  
MARCO ISLAND, FL 34145

Mailing Address  
834 BALD EAGLE DR  
MARCO ISLAND, FL 34145

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

03282008 Chg-NP CR2E037 (12/06)

4. FEI Number  
83-0377025

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LADERMAN, CARRIE E ESQ.  
WOODWARD, PIRES & LOMBARDO, P.A.  
3200 TAMAMI TRAIL NORTH, SUITE 200  
NAPLES, FL 34103

Name

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

City

FL 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

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PTD  
NAME WOBISZEWSKI, ED  
STREET ADDRESS 1061 S COLLIER BLVD # 303  
CITY-ST-ZIP MARCO ISLAND, FL 34145

Delete

TITLE SD  
NAME STOKES, KATHLEEN  
STREET ADDRESS 8851 N BAYSIDE DR  
CITY-ST-ZIP BAYSIDE, WI 53217

Delete

TITLE VPD  
NAME WOODWARD, CRAIG  
STREET ADDRESS 1061 S COLLIER BLVD PH1  
CITY-ST-ZIP MARCO ISLAND, FL 34145

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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 all other like empowered.

SIGNATURE:

E.E. Wobiszewski

4/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
May 01, 2008 8:00 am  
Secretary of State**

05-01-2008 90235 021 \*\*\*\*61.25