

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90358 045 ****61.25

20049606



DOCUMENT # N04000000975 1. Entity Name CLUB CARAMEL INC					
Principal Place of Business 1601 GLENHAVEN CIR OCOE, FL 34761			Mailing Address 1601 GLENHAVEN CIR OCOE, FL 34761		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032005 Chg-NP CR2E037 (10/03)	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMPAGNE, FRANTZ 1601 GLENHAVEN CIR OCOE, FL 34761			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D CHAMPAGNE, LINDA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1601 GLENHAVEN CIR		NAME		
STREET ADDRESS	OCOE, FL 34761		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D GOBY, JEAN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1946 ASPEN RIDGE CT		NAME		
STREET ADDRESS	OCOE, FL 34761		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D LOISEAU, RUTH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1000 SHOSHANNA DR.		NAME		
STREET ADDRESS	ORLANDO, FL 32825		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D MOORE, NATACHA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6372 RUTHIE DR.		NAME		
STREET ADDRESS	ORLANDO, FL 32818		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D PIQUANT, SHERLY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4547 S. KIRKMAN RD # 2		NAME		
STREET ADDRESS	ORLANDO, FL 32811		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D POLYNICE, JOANES <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	14141 HAMPSHIRE BAY CIR		NAME		
STREET ADDRESS	WINTER GARDEN, FL 34787		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Champagne</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/22/05 407-234-8438 <small>Date Daytime Phone #</small>		