


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

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000006229 1. Entity Name LA CARIBE TOWNHOME OWNERS ASSOCIATION, INC.	
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Principal Place of Business 2539 BAYOU BLVD. PENSACOLA, FL 32503	Mailing Address 2539 BAYOU BLVD. PENSACOLA, FL 32503
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1354041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEMARIA, F. BRIAN 2539 BAYOU BLVD. PENSACOLA, FL 32503

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000610852 02/02/07-80037-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DEMARIA, F. BRIAN 2539 BAYOU BLVD. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OWENS, MARY B P. O. BOX 1090 GULF BREEZE, FL 32562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREIS, HENRY C 689 BRENT LANE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGALLO, STEVEN P 4 LAGUNA STREET STE. 201 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **1/29/07 850 470 0961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #