

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009488

FILED
Apr 24, 2009
Secretary of State

Entity Name: CARIBBEAN ISLES CO-OP, INC.

Current Principal Place of Business:

12100 SEMINOLE BLVD #52
LARGO, FL 33778

New Principal Place of Business:

Current Mailing Address:

12100 SEMINOLE BLVD #52
LARGO, FL 33778

New Mailing Address:

FEI Number: 20-3551664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWBY, TODD N
3310 US HWY 301 N
ELLENTON, FL 34222 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: DP () Delete
Name: LEVERTON, WILLIAM
Address: 12100 SEMINOLE BLVD #173
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: TAYLOR, JAMES
Address: 12100 SEMINOLE BLVD #187
City-St-Zip: LARGO, FL 33778

Title: DVP () Delete
Name: JAMAIL, BETTY
Address: 12100 SEMINOLE BLVD #52
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: GREEN, GERALD
Address: 12100 SEMINOLE BLVD #301
City-St-Zip: LARGO, FL 33778

Title: DS () Delete
Name: SHAW, GERIE
Address: 12100 SEMINOLE BLVD #52
City-St-Zip: LARGO, FL 33778

Title: DT () Delete
Name: ECKERT, ELAINE
Address: 12100 SEMINOLE BLVD #52
City-St-Zip: LARGO, FL 33778

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:

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: ELAINE ECKERT

DT

04/24/2009

Electronic Signature of Signing Officer or Director

Date