

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008428

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** CARIBBEAN WINDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

17 BIGELOW ROAD  
JOHNSON, RI 02919 US

**New Principal Place of Business:**

**Current Mailing Address:**

17 BIGELOW ROAD  
JOHNSON, RI 02919 US

**New Mailing Address:**

**FEI Number:** 26-0293092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

STURGES, ERNEST W JR  
701 JC CENTER  
SUITE 3  
PORT CHARLOTTE, FL 33954 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: P ( ) Delete  
Name: BAUMLIN, WILLIAM SR  
Address: 17 BIGELOW ROAD  
City-St-Zip: JOHNSTON, RI 02919 US

Title: VP ( ) Delete  
Name: BAUMLIN, WILLIAM JR  
Address: 17 BIGELOW ROAD  
City-St-Zip: JOHNSTON, RI 02919 US

Title: S T ( ) Delete  
Name: BLANCHETTE, LEO  
Address: 17 BIGELOW ROAD  
City-St-Zip: JOHNSTON, RI 02919 US

**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:

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: WILLIAM BAUMLIN

PRES

06/23/2009

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

\_\_\_\_\_  
Date