


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90030 019 ****61.25

DOCUMENT # N07922 1. Entity Name CARIBBEAN MOBILE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 10825 BENBOW DRIVE NEW PORT RICHEY, FL 34654		Mailing Address 10825 BENBOW DRIVE NEW PORT RICHEY, FL 34654	
2. Principal Place of Business - No P.O. Box # 10801 JAMAICA BLVD		3. Mailing Address 10801 JAMAICA BLVD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State NEW PORT RICHEY, FL		City & State NEW PORT RICHEY, FL	
Zip 34654		Zip 34654	
Country PASCO		Country PASCO	
4. FEI Number 59-2952244		Applied For <input 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 LEZARK, CAROL A. 10825 BENBOW DRIVE NEW PORT RICHEY, FL 34654		7. Name and Address of New Registered Agent Name DEANNA D. FREELAND Street Address (P.O. Box Number is Not Acceptable) 10801 JAMAICA BLVD. City NEW PORT RICHEY FL Zip Code 34654	
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 <i>Deanna D. Freeland</i> DEANNA D. FREELAND, SECRETARY 4-13-08 <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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P SMALL, RANDALL 11514 PEARL DR. NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYMOND PILESKE 11650 TURKS DR. NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREELAND, DEANNA 1081 JAMAICA BLVD. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y SALLY RUTH 10741 BENBOW DR. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PILESKE, RAYMOND 11650 TURKS DR. NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEE EASTMAN 10744 BENBOW DR. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, BETTY 10805 PORT ROYAL ROAD NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YVONNE HOWE 10741 PORT ROYAL RD. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOKE, BETTIE 11641 PEARL DRIVE NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM KRAUSE 10744 JAMAICA BLVD. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LICKWOLA, PHYLLIS 10800 BONE FISH RD NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES MCGILTON 10821 JAMAICA BLVD NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Deanna D. Freeland</i> DEANNA D. FREELAND 4-13-08 810-407-3581 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			