

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07922

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** CARIBBEAN MOBILE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10801 JAMAICA BLVD  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

10801 JAMAICA BLVD  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

**FEI Number:** 59-2952244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FREELAND, DEANNA D  
10801 JAMAICA BLVD  
NEW PORT RICHEY, FL 34654 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: PILESKEI, RAYMOND  
Address: 11650 TUCKS DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S ( ) Delete  
Name: FREELAND, DEANNA  
Address: 1081 JAMAICA BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: V ( ) Delete  
Name: RUTH, SALLY  
Address: 10741 DEN BOW DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T ( ) Delete  
Name: MARTIN, BETTY  
Address: 10805 PORT ROYAL ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete  
Name: EASTMAN, DEE  
Address: 10744 BEN BOW DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete  
Name: LICKWOLA, PHYLLIS  
Address: 10800 BONE FISH RD  
City-St-Zip: NEW PORT RICHEY, FL 34654

**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: D (X) Change ( ) Addition  
Name: HOWE, YVONNE  
Address: 10741 PORT ROYAL RD  
City-St-Zip: NEW PORT RICHEY, FL 34654

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: DEANNA D FREELAND

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date