## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N24285

FILED Mar 16, 2008 Secretary of State

Entity Name: THE CARIBBEAN CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Junentr	rincipal Place of Business:	New Principal Place of Business:		
	TLANTIC AVE. A BEACH SHORES, FL 32118 US			
Current N	lailing Address:	New Mailing Address:		
	TLANTIC AVE. A BEACH SHORES, FL 32118 US			
El Number	: 59-2869070 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of	f Status Desired ( )	
Name and	d Address of Current Registered Agent	:: Name and Address of New Registe	red Agent:	
2425 Ś. A <sup>-</sup> PH03	OWIN W PRES TLANTIC AVENUE A BEACH SHORES, FL 32118 US			
	e named entity submits this statement for t e of Florida.	he purpose of changing its registered office or regis	tered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent Date	e	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	PD ( ) Delete PECK, EDWIN W PRES 2425 S. ATLANTIC AVENUE #PH3 DAYTONA BEACH SHORES, FL 32118 US	Title: ( ) Change ( ) And Name: Address: City-St-Zip:	ddition	
Fitle: Name: Address: City-St-Zip:	AT () Delete DALIA, VESTA OFFICER 2425 S ATLANTIC AVE #1603 DAYTONA BEACH SHORES, FL 32118 US	Title: ( ) Change ( ) Ad Name: Address: City-St-Zip:	ddition	
Name: Address: Dity-St-Zip: Title: Name: Address:	DALIA, VESTA OFFICER 2425 S ATLANTIC AVE #1603	Name: Address:		
√ame: √ddress:	DALIA, VESTA OFFICER 2425 S ATLANTIC AVE #1603 DAYTONA BEACH SHORES, FL 32118 US  D () Delete HICKS, HAL D. OFFICER 2425 S. ATLANTIC AVE., PH 5	Name: Address: City-St-Zip: Title: ( ) Change ( ) Address:	ddition	
lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	DALIA, VESTA OFFICER 2425 S ATLANTIC AVE #1603 DAYTONA BEACH SHORES, FL 32118 US  D () Delete HICKS, HAL D. OFFICER 2425 S. ATLANTIC AVE., PH 5 DAYTONA BEACH SHORES, FL 32118 US  D () Delete MICARA, EDWARD SCRTRY 2425 S ATLANTIC AVE #407	Name: Address: City-St-Zip:  Title: ( ) Change ( ) And Name: Address: City-St-Zip:  Title: ( ) Change ( ) And Name: Address:	ddition	

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: NICK PANDELOS MGR 03/16/2008