2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State
02-26-2007 90061 005 ****61.25

DOCUMENT # N29903

1. Entity Name
THE NEIGHBORHOOD OF CARIBE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US	215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US

01162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12273 U.S. Hwy 98	12273 U.S. Hwy 98
Suite, Apt. #, etc. 208	Suite, Apt. #, etc. 208
City & State Destin FL	City & State Destin FL
Zip 32550 County US	Zip 32550 County US

4. FEI Number 59-2931373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550

7. Name and Address of New Registered Agent

Name Walt Leiver
Street Address (P.O. Box Number is Not Acceptable) Suncoast Assoc. Management, Inc.
12273 U.S. Hwy 98, Suite 208
City Destin FL Zip Code 32550

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 _____ 3.7.7
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DV KRIMBILL, H. MICHAEL 5620 E 114TH ST TULSA, OK 74137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kent Flowers P.O. Box 973 Troy, AL 36081	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KLUTTS, J EARL 282 RUE MARTINE MIRAMAR BEACH, FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~Karl Gericke~~ Karl Bericke 147 Rue Martine Miramar Beach, FL 32550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST WILSON, ANNE 2504 ASHFORD PL BIRMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lisa Hrabe 985 Winding Creek Trail NW Atlanta, GA 30328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAN, BRAD 2 QUAIL RIDGE DR SHILLINGTON, PA 199607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kent Lillie 8033 Legend Creek Dr. Miramar Beach, FL 32550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERLISI, KATHRYN 148 RUE MARTINE MIRAMAR BEACH, FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLYARD, DAVE 5750 LAUREL OAK DR SUWANEE, GA 30024	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 3.7.7 / 850.654.9071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #