2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37481

FILED Feb 14, 2009 Secretary of State

Entity Name: CARIBBEAN PARK HOMEOWNERS ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business: New Principal Place of Business: 1A SUNRISE BLVD 1A COLBY COURT NAPLES, FL 341106305 US NAPLES, FL 341106305 US **Current Mailing Address: New Mailing Address:** 702 SUNRISE BLVD. NAPLES, FL 34110 FEI Number: 65-0189873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CROSS, DARLA J 702 SUNRISE BLVD. NAPLES, FL 34110 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CROSS, DARLA J Name: Name: 702 SUNRISE BLVD Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: SDCO () Delete Title: SDCO (X) Change () Addition FLESHER, JOHN Name: PHELPS, IDA Name: Address: 2073 BOUGANVILLEA CT Address: 1220 ORCHID CT. City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 Title: () Delete Title: (X) Change () Addition CRITES, GERALD FOGERTY, JAKE Name: Name: 2085 BAMBOO CT. Address: Address: 506 POINCIANA CT. City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 Title: () Delete Title: (X) Change () Addition BARRUS, PAÙĹ Name: Name: BARRUS, PAUL 1113 JACARANDA CT 1113 JACARANDA CT, Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 Title: () Delete Title: (X) Change () Addition ELOVIRTA, CAROL CRITES, GERALD Name: Name: 917 CYPRESS CT 2085 BAMBOO CT. Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 Title: () Delete Title: (X) Change () Addition MUNROE, CAROLYN MUNROE, CAROLYN Name: Name: Address: 2091A YUCCA CT Address: 2091A YUCCA CT NAPLES, FL 34110 NAPLES, FL 34110 City-St-Zip: 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: DARLA J. CROSS T 02/14/2009