

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37481

FILED  
Feb 25, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1A COLBY COURT  
NAPLES, FL 341106305 US

**New Principal Place of Business:**

**Current Mailing Address:**

702 SUNRISE BLVD.  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 65-0189873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROSS, DARLA J  
702 SUNRISE BLVD.  
NAPLES, FL 34110 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: T  
Name: CROSS, DARLA J  
Address: 702 SUNRISE BLVD  
City-St-Zip: NAPLES, FL 34110

Title: SDCO  
Name: PHELPS, IDA  
Address: 1220 ORCHID CT.  
City-St-Zip: NAPLES, FL 34110

Title: VP  
Name: FOGERTY, JAKE  
Address: 506 POINCIANA CT.  
City-St-Zip: NAPLES, FL 34110

Title: P  
Name: SOUTHWORTH, GARY  
Address: 2055 POINCIANA CT  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: MILLER, FRED  
Address: 701 SUNRISE BLVD.  
City-St-Zip: NAPLES, FL 34110

Title: RC  
Name: SOUTHWORTH, MARY JO  
Address: 2055 POINCIANA CT  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: DARLA J CROSS

TREA

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date