


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90347 027 ****70.00

DOCUMENT # N47179

1. Entity Name
CARIBE BEACH RESORT ASSOCIATION, INC.



Principal Place of Business
**2669 WEST GULF DRIVE
 SANIBEL, FL 33957**

Mailing Address
**2669 WEST GULF DRIVE
 SANIBEL, FL 33957**

DO NOT WRITE IN THIS SPACE



03312006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0362056 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KENOYER, TONNA
 2669 WEST GULF DRIVE
 SANIBEL, FL 33957**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

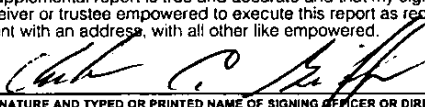
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, WILLIAM J 78 OSBORNE AVE BAYHEAD, NJ 08742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIFFIN, CHARLES 4200 BRANSON ST EDINA, MN 55424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNER, ALAN R 2980 STATE RD 29 FRENCHTOWN, NJ 08825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **Charles C. Griffin** 4/3/06 239-472-0016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #