


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90066 029 \*\*\*\*70.00

DOCUMENT # N47179 1. Entity Name CARIBE BEACH RESORT ASSOCIATION, INC.	
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Principal Place of Business 2669 WEST GULF DRIVE SANIBEL, FL 33957	Mailing Address 2669 WEST GULF DRIVE SANIBEL, FL 33957
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**DO NOT WRITE IN THIS SPACE**



02222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0362056	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENOYER, TONNA  
 2669 WEST GULF DRIVE  
 SANIBEL, FL 33957

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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 MCCREERY, CHARLES 10312 DEERWOOD CRT MUNSTER, IN 46321
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:**  **William J. Harrison** 3/13/08 239-472-1166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #