


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90010 030 *****70.00

DOCUMENT # N92000000886	
1. Entity Name LA CARIBE OWNERS ASSOCIATION, INC.	

Principal Place of Business 16 LA CARIBE DR. PENSACOLA BEACH FL 32561 US	Mailing Address 16 LA CARIBE DR. PENSACOLA BEACH FL 32561 US
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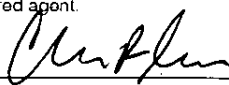
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3185617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TIBBITS, M.J. 60 FT. PICKENS ROAD PENSACOLA BEACH FL 32561	
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7. Name and Address of New Registered Agent	
Name Charles R. Smith	
Street Address (P.O. Box Number is Not Acceptable) 5 LaCaribe Drive	
City Pensacola Beach	Zip Code FL 32561

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 2-19-07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P DAVIS, ALEX 3699 MACKEY COVE DRIVE PENSACOLA FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP RINKE, ABBY 21 LA CARIBE DRIVE PENSACOLA BEACH FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S PITTS, DAVID C 2112 HOLLYHILL ROAD PENSACOLA FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete T TIBBITS, M.J. 60 FT. PICKENS ROAD GULF BREEZE FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T Charles R. Smith 5 La Caribe Drive Pensacola Beach, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE: 	DATE 2-19-07	DAYTIME PHONE # 850-623-1967
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		