## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005462

FILED Feb 01, 2009 Secretary of State

Entity Name: CARIBBEAN COMMUNITY ASSOCIATION, INC

Current Principal Place of Business:  10215 CONNECHUSETT ROAD TAMPA, FL 33617  Current Mailing Address:  New Mailing Address of New Registered Agent:  Name and Address of New Registered Agent:  New Registered Agent:  Name:  Address:  New Mailing Address of New Mailing Address of New Registered Agent:  New Registered Agent:  Name:  Address:  Date  OFFICERS AND Directors:  Date  OFFICERS AND Directors:  Title:  Name:  No Delete  Name:  Name:					
Current Mailing Address:  New Mailing Address:  10215 CONNECHUSETT ROAD TAMPA, FL 33617  FEI Number: 59-3116916 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  Name and Address of Current Registered Agent:  CHANNER, WILLIAM O 10215 CONNECHUSETT ROAD TAMPA, FL 33617 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 DIRECTOR  Title: PD ( ) Delete  Title: ( ) Change ( ) Addition Name: BOBB-SEMPLE, RON Name: BOBB-SEMPLE, RON Name: MCDONALD, ALEXANDER Name: MCBACHRON, BEVERLY Name: MCBA	Current P	rincipal Place	e of Business:	New Principal Place	e of Business:
TRILE:  PD () Delete Name:  BOBB-SEMPLE, RON Name:  BO			T ROAD		
TAMPA, FL 33617  FEI Number: 59-3116916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)  Name and Address of Current Registered Agent:  CHANNER, WILLIAM O 10215 CONNECHUSETT ROAD TAMPA, FL 33617 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	Current M	lailing Addre	ss:	New Mailing Addre	ss:
Name and Address of Current Registered Agent:  CHANNER, WILLIAM O 10215 CONNECHUSETT ROAD TAMPA, FL 33617 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 DIRECTOI  Title: PD () Delete Name: BOBB-SEMPLE, RON Address: 939 MORRIS GLEN WAY Address: City-St-Zip: Title: VD () Delete Name: MCDONALD, ALEXANDER Address: City-St-Zip: TAMPA, FL 33612  Title: VD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: MCECACHRON, BEVERLY Name: MCHANNER, MCHALER AVE City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Na			T ROAD		
CHANNER, WILLIAM O 10215 CONNECHUSETT ROAD TAMPA, FL 33617 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	FEI Number:	: 59-3116916	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
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	Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
In the State of Florida.	10215 COI TAMPA, F	NNECHUSET L 33617 U	S	urpose of changing its register	ed office or registered agent, or both,
Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Itile: PD () Delete Title: () Change () Addition Name: BOBB-SEMPLE, RON Name: Address: 9839 MORRIS GLEN WAY Address: Otty-St-Zip: TEMPLE TERRACE, FL 33637  City-St-Zip: TEMPLE TERRACE, FL 33637  Title: VD () Delete Title: () Change () Addition Name: MCDONALD, ALEXANDER Name: Address: 10902 N. 28TH ST Address: City-St-Zip:  Title: VD () Delete Title: () Change () Addition Name: KIRK, ERROL Name: Address: City-St-Zip:  Title: VD () Delete Title: () Change () Addition Name: KIRK, ERROL Name: Address: City-St-Zip:  Title: S () Delete Title: () Change () Addition Name: MCEACHRON, BEVERLY Name: Address: City-St-Zip:  Title: S () Delete Title: () Change () Addition Name: MCEACHRON, BEVERLY Name: Address: City-St-Zip: BRANDON, FL 33511  City-St-Zip: BRANDON, FL 33511  City-St-Zip: BRANDON, FL 33517  Title: SD () Delete Title: () Change () Addition Name: SEIVWRIGHT, ALTHENA Name: Address: 4209 E MILLER AVE City-St-Zip: TAMPA, FL 33617  Title: T () Delete Title: () Change () Addition Name: Address: 4209 E MILLER AVE City-St-Zip: TAMPA, FL 33617  Title: T () Delete Title: () Change () Addition Name: Address: 10215 CONNECHUSETT ROAD  Address: 10215 CONNECHUSETT ROAD					
ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: PD () Delete Title: () Change () Addition Name: BOBB-SEMPLE, RON Name: Address: 9839 MORRIS GLEN WAY Address: Oity-St-Zip: TEMPLE TERRACE, FL 33637  Title: VD () Delete Title: () Change () Addition Name: MCDONALD, ALEXANDER Name: Address: City-St-Zip: TAMPA, FL 33612  Title: VD () Delete Title: () Change () Addition Name: MIRK, ERROL Name: Address: City-St-Zip: Title: () Change () Addition Name: KIRK, ERROL Name: Address: City-St-Zip: Title: () Change () Addition Name: MCEACHRON, BEVERLY Name: Address: City-St-Zip: Title: () Change () Addition Name: MCEACHRON, BEVERLY Name: Address: City-St-Zip: Title: () Change () Addition Name: MCEACHRON, BEVERLY Name: Address: City-St-Zip: Title: () Change () Addition Name: SEIVWRIGHT, ALTHENA Name: Address: 4209 E MILLER AVE City-St-Zip: TAMPA, FL 33617  Title: T () Delete Title: () Change () Addition Name: Address: 4209 E MILLER AVE City-St-Zip: Title: () Change () Addition Name: OHANNER, WILLER AVE CITY-ST-Zip: Title: () Change () Addition Name: CHANNER, WILLER AVE CITY-ST-Zip: Title: () Change () Addition Name: CHANNER, WILLER AVE CITY-ST-Zip: Title: () Change () Addition Name: CHANNER, WILLER AVE CITY-ST-Zip: Title: () Change () Addition Name: CHANNER, WILLER AVE CITY-ST-Zip: Title: () Change () Addition Name: CHANNER, WILLER AVE CITY-ST-Zip: Title: () Change () Addition Name: CHANNER, WILLER AVE CITY-ST-Zip: Title: () Change () Addition Name: CHANNER, WILLER AVE CITY-ST-Zip: Title: () Change () Addition Name: CHANNER CONNECHUSETT ROAD	SIGNATU				
Title:		Electro	nic Signature of Registered Age	nt	Date
Name:   BOBB-SEMPLÉ, RON	OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS
Name: MCDONALD, ÂLEXANDER	Name: Address:	BOBB-SEMPL 9839 MORRIS	E, RON GLEN WAY	Name: Address:	() Change () Addition
Name: KIRK, ERROL Address: 6112 ASHFIELD PLACE City-St-Zip: WESLEY CHAPEL, FL 33544 City-St-Zip:  Title: S () Delete Title: () Change () Addition Name: MCEACHRON, BEVERLY Address: 2006 WRANGLER DRIVE Address: 2006 WRANGLER DRIVE City-St-Zip: BRANDON, FL 33511 City-St-Zip:  Title: SD () Delete Title: () Change () Addition Name: SEIVWRIGHT, ALTHENA Name: SEIVWRIGHT, ALTHENA Address: 4209 E MILLER AVE Address: 4209 E MILLER AVE City-St-Zip: TAMPA, FL 33617 City-St-Zip:  Title: T () Delete Title: () Change () Addition Name: CHANNER, WILLIAM O Name: CHANNER, WILLIAM O Address: 10215 CONNECHUSETT ROAD Address: Address:	Name: Address:	MCDONALD, A 10902 N. 28TH	ALEXANDER I ST	Name: Address:	( ) Change ( ) Addition
Name:         MCEACHRON, BEVERLY         Name:           Address:         2006 WRANGLER DRIVE         Address:           City-St-Zip:         BRANDON, FL 33511         City-St-Zip:           Fitle:         SD () Delete         Title: () Change () Addition           Name:         SEIVWRIGHT, ALTHENA         Name:           Address:         4209 E MILLER AVE         Address:           City-St-Zip:         TAMPA, FL 33617         City-St-Zip:           Title:         T () Delete         Title: () Change () Addition           Name:         CHANNER, WILLIAM O         Name:           Address:         10215 CONNECHUSETT ROAD         Address:	Name: Address:	KIRK, ERROÙ 6112 ASHFIEL	D PLACE	Name: Address:	() Change () Addition
Name: SEIVWRIGHT, ALTHENA Name: Address: 4209 E MILLER AVE Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip:  Title: T () Delete Title: () Change () Addition Name: CHANNER, WILLIAM O Name: Address: 10215 CONNECHUSETT ROAD Address:	Name: Address:	MCEACHRON, 2006 WRANGI	BEVERLY LER DRIVE	Name: Address:	( ) Change ( ) Addition
Name: CHANNER, WILLIAM O Name: Address: 10215 CONNECHUSETT ROAD Address:	Name: Address:	SEIVWRIGHT, 4209 E MILLEI	ALTHENA R AVE	Name: Address:	( ) Change ( ) Addition
	Name: Address:	CHANNER, ŴI 10215 CONNE	LLIAM O CHUSETT ROAD	Name: Address:	() Change () Addition

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: WILLIAM O. CHANNER T 02/01/2009