2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# N93000005462

Entity Name: CARIBBEAN COMMUNITY ASSOCIATION, INC

Current Principal Place of Business:

10215 CONNECHUSETT ROAD
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

10215 CONNECHUSETT ROAD
TAMPA, FL 33617

New Mailing Address:

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

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:	PD	( ) Delete
Name:	BOBB-SEMPLE, RON	
Address:	9839 MORRIS GLEN WAY	
City-St-Zip:	TEMPLE TERRACE, FL 33637	
Title:	VD	( ) Delete
Name:	MCDONALD, ALEXANDER	
Address:	10902 N. 28TH ST	
City-St-Zip:	TAMPA, FL 33612	
Title:	VD	( ) Delete
Name:	KIRK, ERROL	
Address:	6112 ASHFIELD PLACE	
City-St-Zip:	WESLEY CHAPEL, FL 33544	
Title:	S	( ) Delete
Name:	MCEACHRON, BEVERLY	
Address:	2006 WRANGLER DRIVE	
City-St-Zip:	BRANDON, FL 33511	
Title:	SD	( ) Delete
Name:	SEIVWRIGHT, ALTHENA	
Address:	4209 E MILLER AVE	
City-St-Zip:	TAMPA, FL 33617	
Title:	T	( ) Delete
Name:	CHANNER, WILLIAM O	
Address:	10215 CONNECHUSETT ROAD	
City-St-Zip:	TAMPA, FL 33617	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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
Electronic Signature of Signing Officer or Director — Date