2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2011
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
Name: LARMOND, ELEYES
Address: 14613 PINE GLEN CIRCLE
City-St-Zip: LUTZ, FL 33559

Title: VD
Name: MCEARCHRON, BRIAN
Address: 2006 WRAGLER DRIVE
City-St-Zip: BRANDON, FL 33511

Title: VD
Name: DALRYMPLE, KOFI
Address: 14448 REUTER STRUSSE CIRCLE - APT 1
City-St-Zip: TAMPA, FL 33613

Title: S
Name: GRAHAM, GRETEL V
Address: 6429 OSPREY LAKE CIRCLE
City-St-Zip: RIVERVIEW, FL 33578

Title: SD
Name: CAMPBELL, RACHEL
Address: 2326 CAMPUS CLUB COURT
City-St-Zip: TAMPA, FL 33612

Title: T
Name: CHANNER, WILLIAM O
Address: 10215 CONNECHUSETT ROAD
City-St-Zip: TAMPA, FL 33617

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM O CHANNER TREA 01/15/2011
Electronic Signature of Signing Officer or Director — Date