2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

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Entity Name: CARIBBEAN ISLE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1435 BERMUDA DRIVE
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

1435 BERMUDA DRIVE
NAVARRE, FL 32566 US

New Mailing Address:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3420835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, BOB
1805 ALHAMBRA ST
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 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: TERRY P GORMLEY 04/29/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: MELAZZO, DIANA
Address: 1467 CARIBE DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: P ( ) Delete
Name: EVANS, BOB
Address: 1805 ALHAMBRA ST
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: EVANS, BOB
Address: 1805 ALHAMBRA ST.
City-St-Zip: NAVARRE, FL 32566

Title: T (X) Delete
Name: AGRANT, HECTOR
Address: 1460 BERMUDA DR
City-St-Zip: NAVARRE, FL 32566

Title: VP (X) Delete
Name: TAYLOR, JIM
Address: 7640 KEY WEST DRIVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: WYNNE, GAIL
Address: 1464 BERMUDA DR
City-St-Zip: NAVARRE BEACH, FL 32566 US

Title: DP (X) Change ( ) Addition
Name: AGRONT, HECTOR
Address: 8620 GULF BLVD #38
City-St-Zip: NAVARRE BEACH, FL 32566 US

Title: DT (X) Change ( ) Addition
Name: TAYLOR, TERESA M
Address: 7640 KEY WEST DR
City-St-Zip: NAVARRE, FL 32566 US

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 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: GAIL WYNNE DS 04/29/2006
Electronic Signature of Signing Officer or Director Date