

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000638

FILED
Apr 24, 2009
Secretary of State

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:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 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: DST () Delete
Name: STAUFFER, SHERRY
Address: 5033 SEDONA CT
City-St-Zip: COLUMBUS, GA 31907 US

Title: DP () Delete
Name: AGRONT, HECTOR
Address: 1460 BERMUDA DR
City-St-Zip: NAVARRE BEACH, FL 32566 US

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

Title: D () Delete
Name: DELAWALLA, AMIN
Address: PO BOX 6108
City-St-Zip: NAVARRE BEACH, FL 32566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: STAUFFER, SHERRY
Address: 5033 SEDONA CT
City-St-Zip: COLUMBUS, GA 31907 US

Title: DS (X) Change () Addition
Name: ROSER, BEVERLY
Address: 2356 SUNSET BLVD
City-St-Zip: SLIDELL, LA 70461 US

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

Title: D (X) Change () Addition
Name: HATCH, CAROLE
Address: 673 PINE CONE CT
City-St-Zip: TOWN & COUNTRY, MO 63017 US

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: BEVERLY ROSER

S

04/24/2009

Electronic Signature of Signing Officer or Director

Date