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May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004138 (0)**

1. Corporation Name

**CARIBBEAN ASSOCIATION OF NAPLES INC.**

Principal Place of Business

Mailing Address

**2894 E TAMiami TRAIL  
NAPLES FL 34112**

**2894 E TAMiami TRAIL  
NAPLES FL 34112**

3. Date Incorporated or Qualified

**07/18/1997**

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, KEITH A  
2331 N STATE RD 7 #208  
LAUDERHILL FL 33313**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
FRATER, FITZGERALD**  
STREET ADDRESS **2011 RIVER REACH DR #254**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ DELETE

NAME **VO  
WOODE, GARY**  
STREET ADDRESS **P O BOX 10595-34101 N/A**  
CITY-ST-ZIP **NAPLES FL 34101**

TITLE ☐ DELETE

NAME **SD  
WOODE, NICOLE J**  
STREET ADDRESS **P O BOX 10595-34101**  
CITY-ST-ZIP **NAPLES FL 34101**

TITLE ☐ DELETE

NAME **TD  
BUCHANAN, LEROY**  
STREET ADDRESS **5240 FLORIDEAN AVE**  
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ DELETE

NAME **ASD  
TOMLINSON, JOHN**  
STREET ADDRESS **C/O 2894 E TAMiami TRAIL**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **LEROY A. BUCHANAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-28-98**

**941-732-6410**

Date

Daytime Phone: # **0062062**

CR2E037 (10/97)