

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004138

1. Corporation Name

CARIBBEAN ASSOCIATION OF NAPLES INC.

Principal Place of Business

2894 E TAMiami TRAIL
NAPLES FL 34112

Mailing Address

2894 E TAMiami TRAIL
NAPLES FL 34112

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90163 022 ****61.25

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/18/1997

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

City & State

City & State

APPLIED FOR

Not Applicable

23

28

Zip Country

Zip Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME WOODE, GARY
STREET ADDRESS P O BOX 10595-34101 N/A
CITY-ST-ZIP NAPLES FL 34101

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME CLIVE PLUMMER
STREET ADDRESS 2894 E TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34112

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, with all other like empowered.

SIGNATURE: *Leroy Buchanan* SIGNATURE REQUIRED: LEROY A. BUCHANAN 04-15-99 (941) 732-6411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)