

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90037 003 ****70.00

DOCUMENT # N97000004861

1. Entity Name
CARIBBEAN RESORT CONDOMINIUM ASSOCIATION OF
NAVARRE BEACH, INC.



Principal Place of Business
8477 GULF BOULEVARD
NAVARRE BEACH, FL 32566

Mailing Address
8478 GULF BLVD
NAVARRE BEACH, FL 32566

40010645



2. Principal Place of Business

3. Mailing Address

8477 GULF BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1703

01212005

Chg-NP

CR2E037 (10/03)

City & State

City & State

NAVARRE BEACH, FL

4. FEI Number
59-3547088

Applied For
Not Applicable

Zip

Country

Zip

Country

32566

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, JOSEPH C
8478 GULF BLVD
NAVARRE, FL 32566

7. Name and Address of New Registered Agent

RAYMOND F. NEWMAN, JR.

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

340 MIRACLE STRIP PKWY #7

FT. WATSON BEACH

FL

32548

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

RAYMOND F. NEWMAN, JR.

1-31-05

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FEIGENBAUM, VIRGIL
STREET ADDRESS 5304 ELSIE LANE
CITY-ST-ZIP MABLETON, GA 30126 ☐ Delete

TITLE S
NAME GANGWISH, RICHARD
STREET ADDRESS 3307 DIXIE HWY
CITY-ST-ZIP ERLANGER, KY 41018 ☐ Delete

TITLE D
NAME WORD, DAVID
STREET ADDRESS 1339 CAMBRIDGE G. N.E.
CITY-ST-ZIP ATLANTA, GA 30319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D. ☒ Change ☐ Addition
NAME VIRGIL FEIGENBAUM
STREET ADDRESS 1031 RABBIT MOUNTAIN RD
CITY-ST-ZIP BOONFIELD, IL, 80020

TITLE PD ☒ Change ☐ Addition
NAME RICH GANGWISH
STREET ADDRESS 3307 DIXIE HWY
CITY-ST-ZIP ERLANGER, KY 41018

TITLE S ☒ Change ☐ Addition
NAME DAVID WORD
STREET ADDRESS 1339 CAMBRIDGE COURT, N.E.
CITY-ST-ZIP ATLANTA, GA 30319

TITLE T ☐ Change ☒ Addition
NAME BARBARA SMITH
STREET ADDRESS 1095 SUNSET RD.
CITY-ST-ZIP BRENTWOOD, TN 37027

TITLE VPD ☐ Change ☒ Addition
NAME JULIAN MCGHEE
STREET ADDRESS 8477 GULF BLVD. #403
CITY-ST-ZIP NAVARRE BEACH, FL 32566

TITLE A.S. ☐ Change ☒ Addition
NAME JOSEPH SANDERS
STREET ADDRESS 8477 GULF BLVD. #1703
CITY-ST-ZIP NAVARRE BEACH, FL 32566

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Sanders

JOSEPH SANDERS

1/26/05 9814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-936-