

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90068 011 ****61.25

DOCUMENT # N97000004861

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



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

Mailing Address
**8477 GULF BLVD
NAVARRE, FL 32566 US**

4000100-



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3547088

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RDF ASSOCIATES, INC.
29C MIRACLE STRIP PARKWAY
FORT WALTON BEACH, FL 32548**

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 NAME | DT JOHNSON, JEFFERY M | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 5450 GLEN RIDGE DR. #313 | |
| CITY-STATE-ZIP | ATLANTA, GA 30342 | |
| TITLE NAME | DS STOLL, BRIAN D | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2100 CAVE SPRING PL | |
| CITY-STATE-ZIP | LOUISVILLE, KY 40223 | |
| TITLE NAME | DV WALKER, G WAYNE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 4211 DOLPHIN RD | |
| CITY-STATE-ZIP | LOUISVILLE, KY 40220 | |
| TITLE NAME | D SMITH, BARBARA | <input type="checkbox"/> Delete |
| STREET ADDRESS | 10522 GREENCREST DR. | |
| CITY-STATE-ZIP | TAMPA, FL 32746 | |
| TITLE NAME | DP GILCHRIST, GREG | <input type="checkbox"/> Delete |
| STREET ADDRESS | 5 PORTOFINO DR. #1904 | |
| CITY-STATE-ZIP | PENSACOLA BEACH, FL 32561 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE NAME | D ARLEN BRAUD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 5063 Water Street | |
| CITY-STATE-ZIP | Madisonville, LA 70447 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE NAME | DT BARBARA SMITH | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 9811 Tree Tops Lake Rd. | |
| CITY-STATE-ZIP | Tampa, FL 33626 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature] -manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08

850-243-2809

Date

Daytime Phone #