

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004861

FILED
Mar 26, 2009
Secretary of State

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

Current Principal Place of Business:

8477 GULF BOULEVARD
NAVARRE BEACH, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

8477 GULF BLVD
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-3547088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RDF ASSOCIATES, INC.
29C MIRACLE STRIP PARKWAY
FORT WALTON BEACH, FL 32548 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: D () Delete
Name: BRAUD, ARLEN
Address: 5063 WATER ST
City-St-Zip: MADISONVILLE, LA 70447 US

Title: DS () Delete
Name: STOLL, BRIAN D
Address: 2100 CAVE SPRING PL
City-St-Zip: LOUISVILLE, KY 40223 US

Title: DV () Delete
Name: WALKER, G WAYNE
Address: 4211 DOLPHIN RD
City-St-Zip: LOUISVILLE, KY 40220 US

Title: DT () Delete
Name: SMITH, BARBARA
Address: 9811 TREE TOPS LAKE RD
City-St-Zip: TAMPA, FL 33626 US

Title: DP () Delete
Name: GILCHRIST, GREG
Address: 5 PORTOFINO DR. #1904
City-St-Zip: PENSACOLA BEACH, FL 32561 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BRAUD, ARLEN
Address: 5063 WATER ST
City-St-Zip: MADISONVILLE, LA 70447 US

Title: SD (X) Change () Addition
Name: STOLL, BRIAN D
Address: 2100 CAVE SPRING PL
City-St-Zip: LOUISVILLE, KY 40223 US

Title: DT (X) Change () Addition
Name: WALKER, GWAYNE
Address: 4211 DOLPHIN RD
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Title: D (X) Change () Addition
Name: SMITH, BARBARA
Address: 9811 TREE TOPS LAKE RD
City-St-Zip: TAMPA, FL 33626 US

Title: PD (X) Change () Addition
Name: GILCHRIST, GREG
Address: 5 PORTOFINO DR. #1904
City-St-Zip: PENSACOLA BEACH, FL 32561 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: ANDREA MCDERMOTT

MGR

03/26/2009

Electronic Signature of Signing Officer or Director

Date