

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004861

FILED  
Feb 02, 2011  
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:**

PO BOX 55  
NAVARRE, FL 32566 US

**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 SW  
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  
Name: SCHWARTZ, NANCY  
Address: 34 FOX VALE LANE  
City-St-Zip: NASHVILLE, TN 37221 US

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

Title: V  
Name: WALKER, WAYNE  
Address: 4211 DOLPHIN RD  
City-St-Zip: LOUISVILLE, KY 40220 US

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

Title: T  
Name: DAY, TWILA  
Address: 4339 SEALY COURT  
City-St-Zip: RICHMOND, TX 77406 US

I hereby 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 all other like empowered.

**SIGNATURE:** ANDREA MCDERMOTT

MGR

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date