2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005762

FILED Apr 29, 2008 Secretary of State

Entity Name: CARIBBEAN SUNRISE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

290 MAGNOLIA CREEK ROAD 5311 E CO HWY 30A

SANTA ROSA BEACH, FL 32459 US STE 5

SANTA ROSA BEACH, FL 32459 US

Current Mailing Address: New Mailing Address:

290 MAGNOLIA CREEK ROAD 5311 E CO HWY 30A

SANTA ROSA BEACH, FL 32459 US STE 5

SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-3635160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REISER, ROBERT J PRITCHETT, WALTER R 290 MAGNOLIA CREEK ROAD 5311 E CO HWY 30A

SANTA ROSA BEACH, FL 32459 US SANTA ROSA BEACH, FL 32459 US

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: WALTER R PRITCHETT 04/29/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DV () Delete Title: D ST (X) Change () Addition

 Name:
 KEARNEY, STEVE
 Name:
 BURNETT, BILL

 Address:
 3407 MARY L TRAIL
 Address:
 42 BEACHWALK LANE

City-St-Zip: POWDER SPRINGS, GA 30127 US City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: DP () Delete Title: () Change () Addition

 Name:
 BETZ, FRED
 Name:

 Address:
 45 BEACHWALK LANE
 Address:

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459 US
 City-St-Zip:

 $\label{eq:title:DST} \textit{Title:} \qquad \textit{DV} \qquad \textit{(X) Change () Addition}$

 Name:
 GREEN, GUY
 Name:
 GREEN, GUY

 Address:
 210 FOXHALL ROAD
 Address:
 210 FOXHALL ROAD

 City-St-Zip:
 PIKE ROAD, AL 36064 US
 City-St-Zip:
 PIKE ROAD, AL 36064 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: WALTER R PRITCHETT MGR 04/29/2008