

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **745896** (1)

1. Corporation Name  
**CARIBBEAN BEACH CLUB ASSOCIATION, INC.**



Principal Place of Business  
**7600 ESTERO BLVD.  
FT. MYERS FL 33931  
US**

Mailing Address  
**11595 KELLY ROAD  
PO BOX 6046  
FT. MYERS FL 33908**

3. Date Incorporated or Qualified **02/12/1979** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** **12995 CLEVELAND AVE.**  
**27** Suite, Apt. #, etc.  
**27** **SUITE 164**  
**28** City & State  
**28** **FORT MYERS, FL**  
**29** Zip  
**29** **33907**  
**30** Country

4. FEI Number **59-1972323**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KENOYER, TONNA A  
11595 KELLY ROAD  
FT. MYERS FL 33908**

10. Name and Address of New Registered Agent  
**81** Name **RDI RESORT SERVICES**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**82** **DONNA SAGE**  
**83** **12995 CLEVELAND AVE**  
**84** City **FORT MYERS** **85** Zip Code **FL 33907**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Donna Sage* DATE **4/18/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KUBAK, JOSEPH</b>	
STREET ADDRESS	<b>1220 SHELBY PKY.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BANKER, ALBERT</b>	
STREET ADDRESS	<b>26881 WEDGWOOD DR., UNIT 103</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 33923</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>NEISHLOSS, RON</b>	
STREET ADDRESS	<b>17 BURNSIDE AVE</b>	
CITY-ST-ZIP	<b>NORRISTOWN PA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JENNINGS, JAMES</b>	
STREET ADDRESS	<b>1858 CHATFIELD RD</b>	
CITY-ST-ZIP	<b>COLUMBUS OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POPE, PAUL JR.</b>	
STREET ADDRESS	<b>2293 S.W. 24TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>O'CONNOR, EDWARD</b>	
STREET ADDRESS	<b>1669 LINDAN AVE</b>	
CITY-ST-ZIP	<b>ALDEN NY</b>	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>CAPE CORAL, FL 33904</b>
1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	<b>26881 WEDGWOOD DRIVE</b>
2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	<b>NORRISTOWN, PA 19403</b>
3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	<b>COLUMBUS, OH 43221</b>
4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	<b>MIAMI, FL 33145</b>
5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	<b>ALDEN, NY 14004</b>
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph P. Kubak* DATE: **4-18-96** Daytime Phone #

CFR2E037 (12/95)