

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 91104 011 \*\*\*\*61.25

**DOCUMENT # 745896**

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

Principal Place of Business 7600 ESTERO BLVD. FT. MYERS FL 33931 US	Mailing Address P.O. BOX 540669 MERRITT ISLAND FL 32954 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1972323</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>TAKCAS, JOSEPH A JR</b> <b>269 CROCKETT BLVD</b> <b>MERRITT ISLAND FL 32953</b>				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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILMES, ROBERT			NAME	ANDRES, THOMAS		
STREET ADDRESS	7600 ESTERO BLVD			STREET ADDRESS	7600 ESTERO BLVD		
CITY-ST-ZIP	FT. MYERS FL 33931			CITY-ST-ZIP	FT. MYERS FL 33931		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANKER, ALBERT			NAME			
STREET ADDRESS	7600 ESTERO BLVD			STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33931			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEISHLOSS, RON			NAME			
STREET ADDRESS	7600 ESTERO BLVD			STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33931			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRETT, RICHARD			NAME			
STREET ADDRESS	7600 ESTERO BLVD			STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33931			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'CONNOR, EDWARD			NAME			
STREET ADDRESS	7600 ESTERO BLVD			STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33931			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALENTIN, RICHARD			NAME			
STREET ADDRESS	7600 ESTERO BLVD			STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33931			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edward O'Connor 4/19/01 716 937-7344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)