


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 745896
1. Entity Name
CARIBBEAN BEACH CLUB ASSOCIATION, INC.



Principal Place of Business Mailing Address
**7600 ESTERO BLVD.
FT. MYERS, FL 33931 US** **P.O. BOX 540669
MERRITT ISLAND, FL 32954 US**



05242006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1972323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**TAKCAS, JOSEPH A JR
269 CROCKETT BLVD
MERRITT ISLAND, FL 32953**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILMES, ROBERT 7600 ESTERO BLVD FT. MYERS, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKER, ALBERT 7600 ESTERO BLVD FT. MYERS, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEISHLOSS, RON 7600 ESTERO BLVD FT. MYERS, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, RICHARD 7600 ESTERO BLVD FT. MYERS, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CONNOR, EDWARD 7600 ESTERO BLVD FT. MYERS, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDRES, THOMAS 7600 ESTERO BLVD FT. MYERS, FL 33931

00000566367
05/30/06-80007-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  5-23-06 239-462-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #