2023 FLORIDA NOT	FOR PROFIT CORPORATION ANNUAL	<u>REPORT</u>

DOCUMENT# N29903

Entity Name: THE NEIGHBORHOOD OF CARIBE ASSOCIATION, INC.

Current Principal Place of Business:

4012 COMMONS DRIVE SUITE 104 DESTIN, FL 32541

Current Mailing Address:

PO BOX 9086 MIRAMAR BEACH, FL 32550 US

FEI Number: 59-2931373

Name and Address of Current Registered Agent:

MARTIN, TRACIE 4012 COMMONS DRIVE SUITE 104 DESTIN, FL 32541 US FILED Jan 22, 2023 Secretary of State 3853623736CC

Certificate of Status Desired: No

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

Officer/Director Detail :

Officer/Dire			
Title	SECRETARY	Title	DIRECTOR
Name	FARRAR, PEYTON	Name	HENSHAW, GEORGE
Address	PO BOX 9086	Address	PO BOX 9086
City-State-Zip:	MIRAMAR BEACH FL 32550	City-State-Zip:	MIRAMAR BEACH FL 32550
Title	DIRECTOR	Title	DIRECTOR
Name	BUTLER, DAVID	Name	KRIMBILL , MICHAEL
Address	PO BOX 9086	Address	PO BOX 9086
City-State-Zip:	MIRAMAR BEACH FL 32550	City-State-Zip:	MIRAMAR BEACH FL 32550
Title	DIRECTOR	Title	TREASURER
Title Name	DIRECTOR SINITIERE, LINDA	Title Name	TREASURER HAMPTON, JOHN
Name	SINITIERE, LINDA	Name	HAMPTON, JOHN PO BOX 9086
Name Address	SINITIERE, LINDA PO BOX 9086	Name Address	HAMPTON, JOHN PO BOX 9086
Name Address City-State-Zip:	SINITIERE, LINDA PO BOX 9086 MIRAMAR BEACH FL 32550	Name Address City-State-Zip:	HAMPTON, JOHN PO BOX 9086 MIRAMAR BEACH FL 32550
Name Address City-State-Zip: Title	SINITIERE, LINDA PO BOX 9086 MIRAMAR BEACH FL 32550 DIRECTOR	Name Address City-State-Zip: Title	HAMPTON, JOHN PO BOX 9086 MIRAMAR BEACH FL 32550 PRESIDENT
Name Address City-State-Zip: Title Name	SINITIERE, LINDA PO BOX 9086 MIRAMAR BEACH FL 32550 DIRECTOR KIDD, SHERRY	Name Address City-State-Zip: Title Name	HAMPTON, JOHN PO BOX 9086 MIRAMAR BEACH FL 32550 PRESIDENT TOM , GIDDENS PO BOX 9086

Continues on page 2

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: TOM GIDDENS

Ρ

Date

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

TitleVPNameLANDERS, GARYAddressPO BOX 9086City-State-Zip:MIRAMAR BEACH FL 32550