

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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

**Certificate of Status Desired:** No

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

MARTIN, TRACIE  
4012 COMMONS DRIVE  
SUITE 104  
DESTIN, FL 32541 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name FARRAR, PEYTON  
Address PO BOX 9086  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR  
Name HENSHAW, GEORGE  
Address PO BOX 9086  
City-State-Zip: MIRAMAR BEACH FL 32550

Title VP  
Name BUTLER, DAVID  
Address PO BOX 9086  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR  
Name KRIMBILL, MICHAEL  
Address PO BOX 9086  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR  
Name KRIMBILL, PATTI  
Address PO BOX 9086  
City-State-Zip: MIRAMAR BEACH FL 32550

Title TREASURER  
Name HAMPTON, JOHN  
Address PO BOX 9086  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR  
Name KIDD, SHERRY  
Address PO BOX 9086  
City-State-Zip: MIRAMAR BEACH FL 32550

Title PRESIDENT  
Name TOM, GIDDENS  
Address PO BOX 9086  
City-State-Zip: MIRAMAR BEACH FL 32550

**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

P

01/26/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name LANDERS, GARY  
Address PO BOX 9086  
City-State-Zip: MIRAMAR BEACH FL 32550