

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 # 759770 (1)

1. Corporation Name

CARLOS POINTE BEACH CLUB ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MICHAEL FLEMING & ASSOCIATES
12734-32 KENWOOD LANE
FT. MYERS FL 33907
US

C/O MICHAEL FLEMING & ASSOCIATES
12734-32 KENWOOD LANE
FT. MYERS FL 33907
US

3. Date Incorporated or Qualified
08/24/1981

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWMAN, S. BRAD
12734-32 KENWOOD LANE
FT. MYERS FL 33907

81 Name D.G. Sutor & Assoc., Inc
82 Street Address (P.O. Box Number is Not Acceptable) 1661 Estero Blvd Suite 27A
83 P.O. Box 6017
84 City Fort Myers Beach FL 85 Zip Code 33934

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

Signature, typed or printed name of registered agent and title if applicable.

DOUGLAS G. SUTOR

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ANDERSON, HARRY
STREET ADDRESS 1037 RIDGEWAY MEADOW DR.
CITY-ST-ZIP ELLISVILLE MO

1.1 TITLE Director
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change ☒ Addition ☐

TITLE VD
NAME WALTER, JOE
STREET ADDRESS 229 CENTURY WAY
CITY-ST-ZIP FREEHOLD NJ

2.1 TITLE President
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change ☒ Addition ☐

TITLE TD
NAME MOFFETT, WARREN
STREET ADDRESS 3224 GREENBRIAR RD
CITY-ST-ZIP ANDERSON IN

3.1 TITLE TD
3.2 NAME Doug Williamson
3.3 STREET ADDRESS 319 Nature View Court
3.4 CITY-ST-ZIP Ft. Myers Beach, FL 33931
Change ☒ Addition ☒

TITLE D
NAME WELSH, TOM
STREET ADDRESS 8350 ESTERO BLVD
CITY-ST-ZIP FT MYERS BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change ☐ Addition ☐

TITLE ST
NAME BOWMAN, S. B
STREET ADDRESS 12734-32 KENWOOD LANE
CITY-ST-ZIP FT. MYERS FL

5.1 TITLE
5.2 NAME Kitty Pecko
5.3 STREET ADDRESS 5401 Grant St.
5.4 CITY-ST-ZIP Hollywood, FL 33001
Change ☐ Addition ☒

TITLE SD
NAME DAGNALL, CAROL
STREET ADDRESS 11789 GREAT OWL CR.
CITY-ST-ZIP RESTON VA

6.1 TITLE
6.2 NAME P. J. Donald Powell
6.3 STREET ADDRESS RR #1
6.4 CITY-ST-ZIP Converse, IN 46919
Change ☐ Addition ☒

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-96

CR2E037 (12/95)