


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90346 004 ****61.25

DOCUMENT # N00000003352
 1. Entity Name
HOMEOWNERS' ASSOCIATION OF SAN CARLOS ESTATES, INC.



Principal Place of Business Mailing Address
P.O. BOX 367531 BONITA SPRINGS FL 34136-7531 **P.O. BOX 367531 BONITA SPRINGS FL 34136-7531**



2. Principal Place of Business **Above** 3. Mailing Address **Above**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State City & State
 4. FEI Number **59-3652942** Applied For Not Applicable

Zip Country Zip Country
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRYAN, GARY
24410 GOLDEN EAGLE
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent
 Name **JOHN NICKERSON**
 Street Address (P.O. Box Number is Not Acceptable)
25251 Busy Bee DR.
 City **Bonita Springs FL** **FL** Zip Code **34135**

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 *Gary D. Bryan* *John Nickerson* **4/10/05**
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRYAN, GARY	
STREET ADDRESS	P.O. BOX 367531	
CITY-ST-ZIP	BONITA SPRINGS FL 34136	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NICKERSON, JOHN	
STREET ADDRESS	25251 BUSY BEE DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SUITOR, DOUG	
STREET ADDRESS	24132 CLAIRE ST.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANDILE, CHARA	
STREET ADDRESS	24376 ROCKY ROAD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	ROBERTS, JULIA	
STREET ADDRESS	24344 AMARILLO ST.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KROPUS, AMBER	
STREET ADDRESS	P.O. BOX 367531	
CITY-ST-ZIP	BONITA SPRINGS FL 34136-7531	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Gary D. Bryan* **GARY D. BRYAN** **4/14/05** **229 598 7787**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #