

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 20, 2005
Secretary of State

DOCUMENT# N03000003615

Entity Name: CARTESIAN POINTE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5150 BELFORT ROAD BLDG 100
JACKSONVILLE, FL 32256**New Principal Place of Business:**463499 STATE ROAD 200
YULEE, FL 32097 US**Current Mailing Address:**5150 BELFORT ROAD BLDG 100
JACKSONVILLE, FL 32256**New Mailing Address:**P O BOX 1987
YULEE, FL 320411987 US**FEI Number:** 58-2667641**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHNEIDER, MICHAEL N
5150 BELFORT ROAD BLDG 100
JACKSONVILLE, FL 32256 US**Name and Address of New Registered Agent:**POWELL, TERRELL J
463499 STATE ROAD 200
YULEE, FL 32097 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: TERRELL J POWELL

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KUESTER, KENNETH P
Address: 5150 BELFORT ROAD BLDG 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: ROSENBERG, MARIAN L
Address: 5150 BELFORT ROAD BLDG 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CLARK, FURMAN
Address: 5150 BELFORT ROAD BLDG 100
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH P KUESTER

D

04/20/2005

Electronic Signature of Signing Officer or Director

Date