
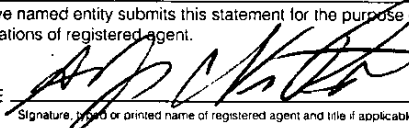



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90099 020 ****61.25

DOCUMENT # N03000003615 1. Entity Name CARTESIAN POINTE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 463499 STATE ROAD 200 YULEE, FL 32097 US			Mailing Address P O BOX 1987 YULEE, FL 32041-1987 US		
2. Principal Place of Business - No P.O. Box # 80150 Augustus Ave		3. Mailing Address P.O. Box 790			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Yulee, Florida		City & State Yulee, Florida		4. FEI Number 58-2667641	
Zip 32097		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROPERTY MANAGEMENT SYSTEMS INC 463499 STATE ROAD 200 YULEE, FL 32097			7. Name and Address of New Registered Agent Name Alfred C. Verpauff Street Address (P.O. Box Number, if Applicable) 80150 Augustus Avenue City Yulee FL 32097		
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  (NOTE: Registered Agent signature required when reinstating) DATE 1/22/07					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUESTER, KENNETH P 5150 BELFORT ROAD BLDG 100 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Verpauff, Alfred C. 80150 Augustus Avenue Yulee, Florida 32097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, MARIAN L 5150 BELFORT ROAD BLDG 100 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stacy Schiele 80150 Cartesian Pointe Dr. Yulee, Florida 32097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, FURMAN 5150 BELFORT ROAD BLDG 100 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Amunda Little 80150 Augustus Ave Yulee, FL 32097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alfred C. Verpauff, Director  Date 1/22/07 Daytime Phone # 904-225-9965					