2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759770

Entity Name: CARLOS POINTE BEACH CLUB ASSOCIATION, INC.

Current Principal Place of Business:

6719 WINKLER RD #200 FORT MYERS, FL 33919

Current Mailing Address:

6719 WINKLER RD #200 FORT MYERS, FL 33919 US

FEI Number: 59-2127344

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER RD SUITE 200 FORT MYERS, FL 33919 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

Officer/Director Detail :

Title	PD	Title	VP	
Name	ABEND, TOBY	Name	BOSTWICK, JAMES	
Address	144 UPLAND AVE	Address	1520 OLD LATERN TRAIL	
City-State-Zip:	NEWTON HIGHLAND MA 02161	City-State-Zip:	FORT WAYNE IN 46845	
Title	TD	Title	SD	
Name	CHIARCOS, IRMA	Name	GALVANONI, ROBERT	
Address	8350 ESTERO BLVD. #326	Address	719 S. KENNICOTT	
City-State-Zip:	FT. MYERS BEACH FL 33931	City-State-Zip:	ARLINGTON HEIGHTS IL 60005	
T '4.		Tide	DIRECTOR	
Title	D	Title	DIRECTOR	
l itle Name	D CLIFTON, MIKE	Name	LENTZ, GERRY	
Name	CLIFTON, MIKE 2880 NE 14TH ST. #905	Name	LENTZ, GERRY 8350 ESTERO BLVD. #323	
Name Address	CLIFTON, MIKE 2880 NE 14TH ST. #905	Name Address	LENTZ, GERRY 8350 ESTERO BLVD. #323	
Name Address City-State-Zip:	CLIFTON, MIKE 2880 NE 14TH ST. #905 POMPANO BEACH FL 33062	Name Address	LENTZ, GERRY 8350 ESTERO BLVD. #323	
Name Address City-State-Zip: Title	CLIFTON, MIKE 2880 NE 14TH ST. #905 POMPANO BEACH FL 33062 DIRECTOR	Name Address	LENTZ, GERRY 8350 ESTERO BLVD. #323	
Name Address City-State-Zip: Title Name	CLIFTON, MIKE 2880 NE 14TH ST. #905 POMPANO BEACH FL 33062 DIRECTOR POLLY, LARRY 900 W. HIGHLAND AVE.	Name Address	LENTZ, GERRY 8350 ESTERO BLVD. #323	

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.

TREASURER

SIGNATURE: IRMA CHIARCOS

Electronic Signature of Signing Officer/Director Detail

FILED Feb 20, 2013 Secretary of State CC7884053003

Certificate of Status Desired: No

Date