# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -2 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759770 (1)

1. Corporation Name
CARLOS POINTE BEACH CLUB ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O MICHAEL FLEMING & ASSOCIATES<br>12734-32 KENWOOD LANE<br>FT. MYERS FL 33907<br>US | C/O MICHAEL FLEMING & ASSOCIATES<br>12734-32 KENWOOD LANE<br>FT. MYERS FL 33907<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1981
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2127344 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~TD~~ | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | ANDERSON, HARRY | 1.2 NAME | | |
| STREET ADDRESS | 1037 RIDGEWAY MEADOW DR. | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ELLISVILLE MO | 1.4 CITY-ST-ZIP | | 63021 |
| TITLE | ~~DV~~ | 2.1 TITLE | VD | ☐ Change ☒ Addition |
| NAME | ~~TURNER, BILL~~ | 2.2 NAME | Joe Walter | |
| STREET ADDRESS | ~~709 NAPERVILLE~~ | 2.3 STREET ADDRESS | 229 century Way | |
| CITY-ST-ZIP | ~~NAPERVILLE IL~~ | 2.4 CITY-ST-ZIP | Freehold, N.J. | 07726 |
| TITLE | ~~PD~~ | 3.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | MOFFETT, WARREN | 3.2 NAME | ~~229 Century~~ | |
| STREET ADDRESS | 3224 GREENBRIAR RD | 3.3 STREET ADDRESS | ~~229 Century~~ | |
| CITY-ST-ZIP | ANDERSON IN | 3.4 CITY-ST-ZIP | | 46011 |
| TITLE | ~~D~~ | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | ~~MERET, DENNIS~~ | 4.2 NAME | TOM Welsh | |
| STREET ADDRESS | ~~12487 RIVERSIDE DR.~~ | 4.3 STREET ADDRESS | 8350 Estero Blvd. | |
| CITY-ST-ZIP | ~~TECUMSAH ON~~ | 4.4 CITY-ST-ZIP | FtMyers Beach FL | 33931 |
| TITLE | ST | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | BOWMAN, S. B | 5.2 NAME | | |
| STREET ADDRESS | 12734-32 KENWOOD LANE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | 5.4 CITY-ST-ZIP | | 33907 |
| TITLE | SD | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | DAGNALL, CAROL | 6.2 NAME | | |
| STREET ADDRESS | 11789 GREAT OWL CR. | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | RESTON VA | 6.4 CITY-ST-ZIP | | 22094 |

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)(i), 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: _____ 2/22/95 813-939-7576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
S. Brad Bowman

0040304