

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 759770 (1)**

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



Principal Place of Business: **C/O MICHAEL FLEMING & ASSOCIATES  
12734-32 KENWOOD LANE  
FT. MYERS FL 33907  
US**

Mailing Address: **C/O MICHAEL FLEMING & ASSOCIATES  
12734-32 KENWOOD LANE  
FT. MYERS FL 33907  
US**

3. Date Incorporated or Qualified: **08/24/1981**      3a. Date of Last Report: **03/02/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>59-2127344</b>	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>BOWMAN, S. BRAD 12734-32 KENWOOD LANE FT. MYERS FL 33907</b>		81 Name	<b>D.G. Suito &amp; Assoc., Inc</b>	
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>1661 Estero Blvd Suite 27A</b>	
		83	<b>P.O. Box 6017</b>	
		84 City	<b>Fort Myers Beach</b>	85 Zip Code <b>FL 33932</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **DOUGLAS G. SUIOR**      DATE: **4/15/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, HARRY</b>	1.2 NAME	
STREET ADDRESS	<b>1037 RIDGEWAY MEADOW DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELLISVILLE MO</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTER, JOE</b>	2.2 NAME	
STREET ADDRESS	<b>229 CENTURY WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FREEHOLD NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOFFETT, WARREN</b>	3.2 NAME	<b>Doug Williamson</b>
STREET ADDRESS	<b>3224 GREENBRIAR RD</b>	3.3 STREET ADDRESS	<b>319 Nature View Court</b>
CITY-ST-ZIP	<b>ANDERSON IN</b>	3.4 CITY-ST-ZIP	<b>FT. MYERS BEACH, FL 33931</b>
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>WELSH, TOM</b>	4.2 NAME	
STREET ADDRESS	<b>8350 ESTERO BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	5.1 TITLE	<b>ADD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOWMAN, S. B</b>	5.2 NAME	<b>Kitty Pecko</b>
STREET ADDRESS	<b>12734-32 KENWOOD LANE</b>	5.3 STREET ADDRESS	<b>5401 Grant St.</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	5.4 CITY-ST-ZIP	<b>Hollywood, FL 33001</b>
TITLE	<b>SD</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAGNALL, CAROL</b>	6.2 NAME	<b>P. J. Donald Powell</b>
STREET ADDRESS	<b>11789 GREAT OWL CR.</b>	6.3 STREET ADDRESS	<b>RR#1</b>
CITY-ST-ZIP	<b>RESTON VA</b>	6.4 CITY-ST-ZIP	<b>Converse, IN 46919</b>

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)(k), 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: *[Signature]* **4-26-96**      Date: **4-26-96**      Daytime Phone #

CR2E037 (12/95)