

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759770
 1. Corporation Name
CARLOS POINTE BEACH CLUB ASSOC., INC.

Principal Place of Business	Mailing Address
c/o D.G. Suitor & Assoc. 1661 Estero Blvd. #27 Ft. Myers Beach, FL 33917	PO Box 6017 Ft. Myers Beach 33932

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

3. Date Incorporated or Qualified 8/24/81	3a. Date of Last Report 4/15/96
4. FEI Number 59-2127344	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**D.G. Suitor & Assoc., Inc.
1661 Estero Blvd. 27
~~PO Box 6017~~
Ft. Myers Beach, FL 33932**

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 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	Kitty Pecko
STREET ADDRESS	5401 Grant St.
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	V <input type="checkbox"/> DELETE
NAME	Douglas Williamson
STREET ADDRESS	319 Nature View Ct.
CITY-ST-ZIP	Ft. Myers Bch, FL 33931
TITLE	S <input type="checkbox"/> DELETE
NAME	Carol Dagnall
STREET ADDRESS	95129 Vance Knoll
CITY-ST-ZIP	Chapel Hill, NC 27514
TITLE	T <input type="checkbox"/> DELETE
NAME	Ronald Powell
STREET ADDRESS	RR 1
CITY-ST-ZIP	Converse, IN 46919
TITLE	D <input type="checkbox"/> DELETE
NAME	Joseph Walter
STREET ADDRESS	18 Stewart Ct
CITY-ST-ZIP	Jackson, NJ 08257
TITLE	D <input type="checkbox"/> DELETE
NAME	Dick Conway
STREET ADDRESS	1975 Burnham Ln
CITY-ST-ZIP	Kettering, OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Pete Moffett
13 STREET ADDRESS	3224 Greenbriar Rd
14 CITY-ST-ZIP	Anderson, IN 46011
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002144492
6.3 STREET ADDRESS	-04/16/97--01005--042
6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing 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: Douglas O. Williamson **DOUGLAS O. WILLIAMSON** 4-7-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)