

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 D.G. SUITOR & ASSOC. 1661 ESTERO BLVD. #27 FT. MYERS BEACH FL 33917 US | Mailing Address PO BOX 6017 FT. MYERS BEACH FL 33932 |
|--|--|

| | | |
|---|---|--|
| 3. Date Incorporated or Qualified 08/24/1981 | | |
| 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|--------------------------------|-----------------------|
| 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 |

9. Name and Address of Current Registered Agent
**D.G. SUITOR & ASSOC, INC.
1661 ESTERO BLVD STE 27A
FORT 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 | 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|--|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | WILLIAMSON, DOUGLAS | |
| STREET ADDRESS | 319 NATURE VIEW CT. | |
| CITY - ST - ZIP | FT. MYERS BCH. FL 33931 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WALTER, JOE | |
| STREET ADDRESS | 18 STEWART CT | |
| CITY - ST - ZIP | JACKSON NJ 08257 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | DAGNALL, CAROL | |
| STREET ADDRESS | 95129 VANCE KNOLL | |
| CITY - ST - ZIP | CHAPEL HILL NC 27514 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | KITTY PECKO | |
| STREET ADDRESS | 5401 GRANT ST | |
| CITY - ST - ZIP | HOLLYWOOD FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | RONALD POWELL | |
| STREET ADDRESS | RR #1 | |
| CITY - ST - ZIP | CONVERSE IN | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CONWAY, DICK | |
| STREET ADDRESS | 1975 BURNHAM LN | |
| CITY - ST - ZIP | KETTERING OH | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Robert Ciccolo | |
| 2.3 STREET ADDRESS | 8350 Estero Blvd. #523 | |
| 2.4 CITY - ST - ZIP | Ft. Myers Beach, FL 33931 | |
| 3.1 TITLE | Dr | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Toby Abend | |
| 4.3 STREET ADDRESS | 144 Upland Ave | |
| 4.4 CITY - ST - ZIP | Newton Highland, MA 02161 | |
| 5.1 TITLE | Dr | <input checked="" 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 | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I 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: *Kathryn S. Pecko* 1/28/98

CR2E037 (10/97)