1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759770

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

Mailing Address

PO BOX 6017

FT. MYERS BEACH FL 33932

FILED Mar 06, 1999 8:00 am § Secretary of State

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WILLIAMSON, DOUGLAS STREET ADDRESS 319 NATURE VIEW CT. CITY-ST-ZIP FT. MYERS BCH. FL 33931 TITLE SD NAME CICCOLO, ROBERT 12 NAME 12 NAME 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP TO THE SD CHANGE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 14 CITY-ST-ZIP 15 CITY-ST-ZIP 16 NAME 17 NAME 18	FT. MYERS BE US	EACH FL 33917					 	11 0 7811 31017 01	Eil Eilli III		
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9. Name and Address of Current Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 Variety FL B5 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 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, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named 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, the above-named 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, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and side of spinical statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and side of spinical statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and side of spinical statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and side of spinical statutes, the above-	24	25	29 30	0		Trust Fund Contribution					
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CITY-ST-ZIP
 KETTERING OH
 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-99 941-765-5300

CR2E037 (11/9