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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 US	Mailing Address PO BOX 6017 FT. MYERS BEACH FL 33932
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/24/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2127344
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 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	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, DOUGLAS	
STREET ADDRESS	319 NATURE VIEW CT.	
CITY-ST-ZIP	FT. MYERS BCH. FL 33931	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CICCOLO, ROBERT	
STREET ADDRESS	8350 ESTERO BLVD #523	
CITY-ST-ZIP	FT MYERS BCH FL 33931	
TITLE	DR	<input checked="" type="checkbox"/> DELETE
NAME	DAGNALL, CAROL	
STREET ADDRESS	95129 VANCE KNOLL	
CITY-ST-ZIP	CHAPEL HILL NC 27514	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABEND, TOBY	
STREET ADDRESS	144 UPLAND AVE	
CITY-ST-ZIP	NEWTON HIGHLAND MA 02161	
TITLE	DT	<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	KETERING OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Douglas Williamson	
1.3 STREET ADDRESS	8350 Estero Blvd # PH2	
1.4 CITY-ST-ZIP	Fort Myers Bch FL 33931	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kathryn Pecko	
2.3 STREET ADDRESS	5430 SW 35th way	
2.4 CITY-ST-ZIP	Pt Landerdale, FL 33912	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ed Castleman	
3.3 STREET ADDRESS	322 BOX 254	
3.4 CITY-ST-ZIP	MARJETTA NY 13110	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Irma Chiarelos	
4.3 STREET ADDRESS	4335 Concession B RR AB	
4.4 CITY-ST-ZIP	Maidstone Ontario, Canada NORIKO	
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		
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, with all other like empowered.

SIGNATURE: *Douglas Williamson* SIGNATURE REQUIRED 2-6-99 941-765-5300

CR2E037 (11/98)