

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2000 08:00 AM
Secretary of State

DOCUMENT # 759770

1. Entity Name
CARLOS POINTE BEACH CLUB ASSOCIATION, INC.

Principal Place of Business C/O D.G. SUITOR & ASSOC. 1661 ESTERO BLVD. #27 FT. MYERS BEACH 33917	Mailing Address PO BOX 6017 FT. MYERS BEACH 33932
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-2127344	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
D.G. SUITOR & ASSOC INC.
1661 ESTERO BLVD STE 27A
FORT MYERS BEACH FL
33932 US

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **DOUGLAS G. SUITOR** DATE **03/03/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY DICK 1975 BURNHAM LN KETERING OH <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RONALD POWELL RR #1 CONVERSE IN <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABEND TOBY 144 UPLAND AVE NEWTON HIGHLAND MA 02161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTLEMAN ED 322 BX 254 MARIETTA NY 13110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICKO KATHRYN 5430 SW 39TH WAY FT LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMSON DOUGLAS 8350 ESTERO BLVD PH2 FT. MYERS BCH. FL 33931 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ABEND TOBY 144 UPLAND AVE NEWTON HIGHLAND MA 02161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**JOSEPH PECKO, TD
5430 SW 39TH WAY**

FT. LAUDERDALE, FL 33312

**JERRY RICKETTS, D
23294 DEANHURST**

CLINTON TWP., MI 48035

**IRMA CHIARCOS, PD
4535 CONSESSION 8 RR3
MAIDSTONE ONTARIO
ONTARIO CANADA NOR1KO**

**KATHLEEN COWAN, SD
9220 OVERLOOK TRAIL**

EDEN PRAIRIE, MN 55347