

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90029 034 ****61.25

DOCUMENT # 759770

1. Entity Name

CARLOS POINTE BEACH CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O D.G. SUITOR & ASSOC.
 1661 ESTERO BLVD. #27
 FT. MYERS BEACH FL 33917
 US

PO BOX 6017
 FT. MYERS BEACH FL 33932

2. Principal Place of Business

8350 Estero Blvd
 Suite, Apt. #, etc.

3. Mailing Address

11545 Kelly Rd #206
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft Myers Bch FL
 Zip 33931
 Country

City & State

Ft Myers FL
 Zip 33906
 Country

4. FEI Number

59-2127344

Applied For

Not Applicable

5. Certificate of Status Desired

\$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

7. Name and Address of New Registered Agent

Name **MONARCH ASSOCIATION MANAGEMENT**
 Street Address (P.O. Box Number is Not Acceptable)
 11545 Kelly Rd #206
 City **Ft Myers** FL Zip Code **33906**

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

Diana Walker, Manager
 DIANNA WALKER

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/24/02
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	ABEND, TOBY	
STREET ADDRESS	144 UPLAND AVE	
CITY-ST-ZIP	NEWTON HIGHLAND MA 02161	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONWAY, DICK	
STREET ADDRESS	1975 BURNHAM LN	
CITY-ST-ZIP	KETTERING OH	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHIARCOS, IRMA	
STREET ADDRESS	4535 CONCESSION 8, RR #3, ONTARIO	
CITY-ST-ZIP	MAIDSTONE NOR-I-O	
TITLE	S	<input type="checkbox"/> Delete
NAME	COWAN, KATHLEEN	
STREET ADDRESS	25 CARVERS GREEN	
CITY-ST-ZIP	CHASKA MN 55318	
TITLE	T	<input type="checkbox"/> Delete
NAME	PECKO, JOSEPH	
STREET ADDRESS	5430 SW 39TH WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD Ricketts	
STREET ADDRESS	3354 Deenhurst	
CITY-ST-ZIP	Clinton Twp. MI 48035	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Brins	
STREET ADDRESS	910 SE 5th Ter	
CITY-ST-ZIP	Pompano Bch, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Joseph Pecko
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTRANT OFFICER OR DIRECTOR

3/4/02

Date

941.454-1101

Daytime Phone #

CR2E037 (9/01)