2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2004 8:00 am **Secretary of State** DOCUMENT # 759770 1. Entity Name 03-31-2004 90048 045 ****61.25 CARLOS POINTE BEACH CLUB ASSOCIATION, INC. Principal Place of Business Mailing Address 13611-6 MCGREGOR BLVD. 13611-6 MCGREGOR BLVD. 24032256 FORT MYERS FL 33919 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address same same Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-2127344 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Monarch Association Management, MORARCH ASSOCIATION MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 13611-6 McGregor Blvd. 11595 KELLY RD # 206 FORT MYERS FL 33908 Ft. Myers, 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. I am familiar with, and accept the obligations of registered agent. Dianna Wallis, Monarch Association Management, Inc. 2/18/04 SIGNATURE Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees, Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE TITLE Delete K Change ☐ Addition ABEND, TOBY NAME NAME 144 UPLAND AVE STREET ADDRESS STREET ADDRESS NEWTON HIGHLAND MA 02161 CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Delete ☐ Channe noitibba 🗀 DAGNALL, CAROL NAME NAME 8350 ESTERA BLVD. #625 STREET ADDRESS STREET ADDRESS FT. MYERS FL 33531 CITY-ST-ZIP CITY-ST-ZIP PD TD TITLE Delete TITLE K Change ☐ Addition CHIARCOS, IRMA NAME NAME 4535 CONCESSION 8, RR #3, ONTARIO STREET ADDRESS STREET ADDRESS 4535 Concession 8 MAIDSTONE NOR-I-O CITY-ST-ZIP CITY-ST-ZIF Maidstone, Ontario NOR 1K0 SD VPD TITLE Delete TITLE Change ☐ Addition COWAN, KATHLEEN NAME 25 CARVERS GREEN STREET ADDRESS STREET ADDRESS CHASKA MN 55318 CITY-ST-7IP CITY-ST-ZIF SD TITLE Delete TITLE Addition PECKO, JOSEPH NAME NAME Bill Hooper 5430 SW 39TH WAY STREET ADDRESS STREET ADDRESS 5222 Park St. FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP <u>Watervliet. MI</u> 49098 TITLE Delete TITLE Change ■ Addition RICKETTS, GERALD NAME NAME 53094 DEARHURST ST 23294 Deanhurst STREET ADDRESS STREET ADDRESS CLINTON TOWNSHIP MI 48035 CITY-ST-ZIP 12. Thereby 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

2/23/04

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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