

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90050 030 \*\*\*\*61.25

**DOCUMENT # 759770**

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



Principal Place of Business  
**13611-6 MCGREGOR BLVD.  
FORT MYERS, FL 33919 US**

Mailing Address  
**13611-6 MCGREGOR BLVD.  
FORT MYERS, FL 33919 US**



01132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**MORARCH ASSOCIATION MANAGEMENT  
13611-6 MCGREGOR BLVD  
FORT MYERS, FL 33919**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE **Monarch Management - Dianna Wallis, mgr.** *DWallis* **1/14/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ABEND, TOBY  
STREET ADDRESS 144 UPLAND AVE  
CITY-ST-ZIP NEWTON HIGHLAND, MA 02161

TITLE D  
NAME DAGNALL, CAROL  
STREET ADDRESS 8350 ESTERA BLVD. #625  
CITY-ST-ZIP FT. MYERS, FL 33531

TITLE TD  
NAME CHIARCOS, IRMA  
STREET ADDRESS 4535 CONCESSION 8  
CITY-ST-ZIP MAIDSTONE ON, NO n0r 1ko

TITLE SD  
NAME COWAN, KATHLEEN  
STREET ADDRESS 25 CARVERS GREEN  
CITY-ST-ZIP CHASKA, MN 55318

TITLE SD  
NAME HOOPER, BILL  
STREET ADDRESS 5222 PARK ST  
CITY-ST-ZIP WATERVLIET, MI 49098

TITLE D  
NAME RICKETTS, GERALD  
STREET ADDRESS 23294 DEANHURST  
CITY-ST-ZIP CLINTON TOWNSHIP, MI 48035

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IN THIS SPACE**

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: *Irma Chiarcos* **IRMA CHIARCOS** *Jan 28/05* **519-966-1825**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #