


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

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>59-2127344</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**MORARCH ASSOCIATION MANAGEMENT**  
**13611-6 MCGREGOR BLVD**  
**FORT MYERS, FL 33919**

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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*      DATE: 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ABEND, TOBY 144 UPLAND AVE NEWTON HIGHLAND, MA 02161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGNALL, CAROL 8350 ESTERA BLVD. #625 FT. MYERS, FL 33531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHIARCOS, IRMA 4535 CONCESSION 8 MAIDSTONE ON, NO n0r 1ko
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COWAN, KATHLEEN 25 CARVERS GREEN CHASKA, MN 55318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOOPER, BILL 5222 PARK ST WATERVLIT, MI 49098
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKETTS, GERALD 23294 DEANHURST CLINTON TOWNSHIP, MI 48035

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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 Treasurer*      *Jan 28 05*      *519-966-1825*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #