
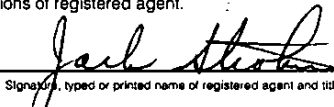
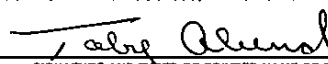


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90367 045 ****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		
2. Principal Place of Business 6700 Winkler Rd		3. Mailing Address same			
Suite, Apt. #, etc. #2		Suite, Apt. #, etc.			
City & State Fl. Myers FL		City & State		4. FEI Number 59-2127344	
Zip 33919		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORARCH ASSOCIATION MANAGEMENT 13611-6 MCGREGOR BLVD FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Alliant Property mgmt. Street Address (P.O. Box Number is Not Acceptable) 6700 Winkler Rd #2 City Fl. Myers FL Zip Code 33919		
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 		JACK STROHM		4.10.06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABEND, TOBY 144 UPLAND AVE NEWTON HIGHLAND, MA 02161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COWAN, KATHLEEN 25 CARVERS GREEN CHASKA, MN 55318		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Galvanoni 719 S. Kennicott Arlington Heights, IL 60005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOOPER, BILL 5222 PARK ST WATERVLIET, MI 49098		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alice Bell 7718 Black Willow Liverpool, NY 13090	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKETTS, GERALD 23294 DEANHURST CLINTON TOWNSHIP, MI 48035		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D mike clifton 1520 Old Lantern Trail Fort Wayne, IN 46845	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			TOBY ABEND		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-14-06 617-244-0528		
Date			Daytime Phone #		