2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT #759770 1. Entity Name CARLOS POINTE BEACH CLUB ASSOCIATION, INC.					05-01-2006 9	0367 045 ****61.	25				
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 U700 WINKLEYRO Suite, Apt. #, etc.		3. Mailing Address SQME Suite, Apt. #, etc.									
#2			03072006	Chg-NP	CR2E037 (11/05)						
City & State F1. MURYS FL		City & State		4. FEI Numbe 59-212		 	plied For t Applicable				
3 ² 391	9 Country US	Zip	Country		of Status Desired	S8.75 Add Fee Require					
	6. Name and Address of Current F	tegistered Agant	Name∧	111001 Or	Address of New R	egistored Agent					
MORARCH ASSOCIATION MANAGEMENT				ddress (P.Q. Box Number is Not Acceptable)							
FORT MYERS, FL 33919			<u> </u>	100.00	MICT	1201 712	•				
	• , •		City	1 100	····	EI Zip Cod					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agency or both, in the State of Florida. I am familiar with, and accept											
the obligations of registered agent.											
SIGNATURE Jack STROKM 4.10.06 Signays, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature	re required when reinstating)		DATE					
	Signator, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Col	aign Financing	\$5.00 May B	· ·	ake check payable to	1				
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May B Added to Fees	Flori	ake check payable to ida Department of Si	10				
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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:	/ alre	alund	TOBY ABEND	4-14-06	617-244-0528
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #