


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 Ft. Myers FL		City & State	
Zip 33919	Country US	Zip	Country
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 Ft. 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 <i>Jack Strohm</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 4.10.06 (NOTE: Registered Agent signature required when reinstating)	
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 <input type="checkbox"/> Delete	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 <input type="checkbox"/> Delete	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 <input type="checkbox"/> Delete	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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Galvanoni 719 S. Kennicott Arlington Heights, IL 60005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOOPER, BILL 5222 PARK ST WATERVLIET, MI 49098 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alice Bell 7718 Black Willow Liverpool, NY 13090 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKETTS, GERALD 23294 DEANHURST CLINTON TOWNSHIP, MI 48035 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D mike clifton 1520 Old Lantern Trail Fort Wayne, IN 46845 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Toby Abend</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4-14-06 DAYTIME PHONE # 617.244-0528	