

DOCUMENT # 759770

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



FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90012 007 ****61.25

Principal Place of Business

6700 WINKLER RD

#2

FORT MYERS, FL 33919 US

Mailing Address

13611-6 MCGREGOR BLVD.

FORT MYERS, FL 33919 US

2. Principal Place of Business - No P.O. Box

6719 Winkler Road

3. Mailing Address

6719 Winkler Rd

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33919

Country

USA

Zip

33919

Country

USA

02232007

Chg-NP

CR2E037 (12/06)

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

ALLIANT PROPERTY MGMT.
6700 WINKLER RD #2
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6719 Winkler Road

Suite 200

City

Fort 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

Miller Stok VP, Agent
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

3-15-07

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

TITLE VP ☐ Delete
NAME GALVANONI, ROBERT
STREET ADDRESS 719 S. KENNICOTT
CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60005

TITLE D ☐ Delete
NAME BELL, ALICE
STREET ADDRESS 7718 BLACK WILLOW
CITY-ST-ZIP LIVERPOOL, NY 13090

TITLE D ☐ Delete
NAME CLIFTON, MIKE
STREET ADDRESS 1520 OLD LANTERN TRAIL
CITY-ST-ZIP FORT WAYNE, IN 46845

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME James Postwick III
STREET ADDRESS 1520 Old Lantern Trail
CITY-ST-ZIP Fort Wayne, IN 46845

TITLE D ☐ Change ☒ Addition
NAME JIM COWAN
STREET ADDRESS 8350 ESTERA BLVD. #311
CITY-ST-ZIP Fort Myers, FL 33931

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:

James G. Cowan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-07

Date

Daytime Phone #

James G. Cowan