
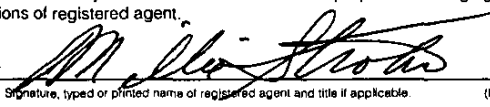
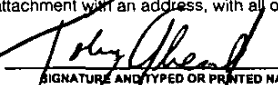


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90002 009 ****61.25

DOCUMENT # 759770 1. Entity Name CARLOS POINTE BEACH CLUB ASSOCIATION, INC.					
Principal Place of Business 6719 WINKLER RD #200 FORT MYERS, FL 33919 US			Mailing Address 6719 WINKLER RD #200 FORT MYERS, FL 33919 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALLIANT PROPERTY MGMT. 6719 WINKLER RD #200 FORT MYERS, FL 33919				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: 2-5-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABEND, TOBY <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	144 UPLAND AVE		STREET ADDRESS		
CITY-ST-ZIP	NEWTON HIGHLAND, MA 02161		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOSTWICH, JAMES II <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1520 OLD LANTEEN TRAIL		STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE, IN 46845		CITY-ST-ZIP		
TITLE	ST		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHJARCOS, IRMA <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	4535 CONCESSION 8		STREET ADDRESS		
CITY-ST-ZIP	MAIDSTONE ON, NO n0r 1ko		CITY-ST-ZIP		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALVANONI, ROEBRT <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	719 S. KENNICOTT		STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60005		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BELL, ALICE <input checked="" type="checkbox"/> Delete		NAME	TD JIM COWAN	
STREET ADDRESS	7718 BLACK WILLOW		STREET ADDRESS	8350 ESTERO BLVD #311	
CITY-ST-ZIP	LIVERPOOL, NY 13090		CITY-ST-ZIP	FT MYERS BEACH, FL 33931	
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLIFTON, MIKE <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1520 OLD LANTERN TRAIL		STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE, IN 46845		CITY-ST-ZIP		
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:  PRES. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3-27-08 Daytime Phone: 239-454-1101		
X236					