
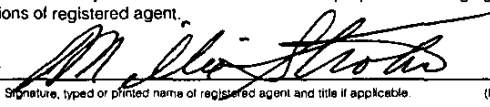
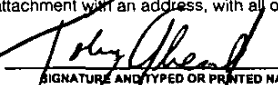


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	4. FEI Number 59-2127344	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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	FL	Zip Code
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: 			DATE: 2-5-08		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEND, TOBY			NAME	
STREET ADDRESS	144 UPLAND AVE			STREET ADDRESS	
CITY-ST-ZIP	NEWTON HIGHLAND, MA 02161			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTWICH, JAMES II			NAME	
STREET ADDRESS	1520 OLD LANTEEN TRAIL			STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE, IN 46845			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHJARCOS, IRMA			NAME	
STREET ADDRESS	4535 CONCESSION 8			STREET ADDRESS	
CITY-ST-ZIP	MAIDSTONE ON, NO n0r 1ko			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVANONI, ROEBRT			NAME	
STREET ADDRESS	719 S. KENNICOTT			STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60005			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	TD JIM COWAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, ALICE			NAME	
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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFTON, MIKE			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.		3-27-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		239-454-1101
					Daytime Phone # X236