


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90848 004 ****61.25

DOCUMENT # 759770

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



Principal Place of Business
**C/O D.G. SUITOR & ASSOC.
8350 ESTERO BLVD
FORT MYERS BEACH FL 33931
US**

Mailing Address
**11595 KELLY RD #206
FORT MYERS FL 33908**

2. Principal Place of Business
13611-6 McGregor Blvd
Suite, Apt. #, etc.

3. Mailing Address
13611-6 McGregor Blv
Suite, Apt. #, etc.

City & State
FL Myers, FL


City & State
FL Myers FL

Zip
33915

Country
USA

Zip
33915

Country



CHECK HERE IF MAKING CHANGES

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
**MORARCH ASSOCIATION MANAGEMENT
11595 KELLY RD # 206
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DV ABEND, TOBY 144 UPLAND AVE NEWTON HIGHLAND MA 02161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, DICK 1975 BURNHAM LN KETTERING OH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIARCOS, IRMA 4535 CONCESSION 8, RR #3, ONTARIO MAIDSTONE NOR-I O	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COWAN, KATHLEEN 25 CARVERS GREEN CHASKA MN 55318	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PECKO, JOSEPH 5430 SW 39TH WAY FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKETTS, GERALD 53094 DEARHURST ST CLINTON TOWNSHIP MI 48035	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Hoyer 8350 Estero Blvd PH 4 FL Myers Bch, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL DAGWALL 8350 Estero Blvd # 625 FL Myers Bch, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)