


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90101 009 ****61.25

DOCUMENT # N00000003352	
1. Entity Name HOMEOWNERS' ASSOCIATION OF SAN CARLOS ESTATES, INC.	

Principal Place of Business P.O. BOX 367531 BONITA SPRINGS FL 34136-7531	Mailing Address P.O. BOX 367531 BONITA SPRINGS FL 34136-7531
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3652942		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 POSTON, DOTTI 25062 STILLWELL PARKWAY BONITA SPRINGS FL 34135		7. Name and Address of New Registered Agent Name GARY BRYAN Street Address (P.O. Box Number is Not Acceptable) 24410 GOLDEN EAGLE City BONITA SPRINGS FL Zip Code 34135	
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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 GARY BRYAN, PRESIDENT

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 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POSTON, DOTTI P.O. BOX 367531 BONITA SPRINGS FL 34136-7531 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARY BRYAN P O BOX 367531 BONITA SPRINGS, FL 34136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRYAN, GARY P.O. BOX 367531 BONITA SPRINGS FL 34136-7531 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN NICKERSON 25251 BUSY BEE DR BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROUTLEDGE, SHANE P.O. BOX 367531 BONITA SPRINGS FL 34136-7531 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOUG SUITOR 24132 CLAIRE ST., BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOBOR, AMBER P.O. BOX 367531 BONITA SPRINGS FL 34136-7531 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHARA MANDILE 24376 ROCKY ROAD, BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT COWART, JENNIFER P.O. BOX 367531 BONITA SPRINGS FL 34136-7531 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT JULIA ROBERTS 24344 AMARILLO ST., BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KROPUS, AMBER P.O. BOX 367531 BONITA SPRINGS FL 34136-7531 <input type="checkbox"/> Delete	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: Gary Bryan 4/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #