

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759770

Entity Name: CARLOS POINTE BEACH CLUB ASSOCIATION, INC.

FILED
Feb 20, 2013
Secretary of State
CC7884053003

Current Principal Place of Business:

6719 WINKLER RD
#200
FORT MYERS, FL 33919

Current Mailing Address:

6719 WINKLER RD
#200
FORT MYERS, FL 33919 US

FEI Number: 59-2127344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD
SUITE 200
FORT MYERS, FL 33919 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ABEND, TOBY
Address 144 UPLAND AVE
City-State-Zip: NEWTON HIGHLAND MA 02161

Title VP
Name BOSTWICK, JAMES
Address 1520 OLD LATERN TRAIL
City-State-Zip: FORT WAYNE IN 46845

Title TD
Name CHIARCOS, IRMA
Address 8350 ESTERO BLVD. #326
City-State-Zip: FT. MYERS BEACH FL 33931

Title SD
Name GALVANONI, ROBERT
Address 719 S. KENNICOTT
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title D
Name CLIFTON, MIKE
Address 2880 NE 14TH ST. #905
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR
Name LENTZ, GERRY
Address 8350 ESTERO BLVD. #323
City-State-Zip: FORT MYERS BEACH FL 33931

Title DIRECTOR
Name POLLY, LARRY
Address 900 W. HIGHLAND AVE.
City-State-Zip: ELGIN IL 60123

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IRMA CHIARCOS

TREASURER

02/20/2013

Electronic Signature of Signing Officer/Director Detail

Date