

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 19, 2016
Secretary of State
CC9323622349

Entity Name: CARLOS POINTE BEACH CLUB ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
FORT MYERS, FL 33907

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
FORT MYERS, FL 33907 US

FEI Number: 59-2127344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
FORT MYERS, FL 33907 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: MILLIE K. STROHM

01/19/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ABEND, TOBY
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title VP
Name BOSTWICK, JAMES
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title TD
Name CHIARCOS, IRMA
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title SD
Name GALVANONI, ROBERT
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title D
Name CLIFTON, MIKE
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name LENTZ, GERRY
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name POLLY, LARRY
Address C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVENUE
City-State-Zip: FORT MYERS FL 33907

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: TOBY ABEND

OFFICER

01/19/2016

