

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Feb 09, 1996 08:00 AM  
Secretary of State

DOCUMENT # **720786** (3)  
1. Corporation Name  
**CHARLOTTE SHORES PROPERTY OWNERS ASSOCIATION, IN C.**



Principal Place of Business Mailing Address  
**11426 FLINT LANE NW. BOKEELIA FL 33922**

3. Date Incorporated or Qualified **04/23/1971** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **11353 FLINT LANE** 26 **11353 FLINT LANE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **BOKEELIA FL.** 27  
City & State 28 **BOKEELIA, FL.**  
City & State  
24 **33922** 25 **FLA** 29 **33922** 30 **FLA**  
Zip Country Zip Country

4. FEI Number **59-1823244** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CRUMM, ALLEN B.**  
**11426 FLINT LANE NW**  
**BOKEELIA FL 33922**

10. Name and Address of New Registered Agent  
81 Name **KENNETH HELMERS**  
82 Street Address (P.O. Box Number is Not Acceptable) **11353 FLINT LANE**  
83  
84 City **BOKEELIA** FL 85 Zip Code **33922**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **KENNETH HELMERS (TREASURER)** *Kenneth Helmers* DATE **6 Feb -96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FOGLEMAN, D J</b>	
STREET ADDRESS	<b>11425 FLINT LN</b>	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>TOLLEFSON, JEFF</b>	
STREET ADDRESS	<b>5127 GENESE PLWY</b>	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, ALICE</b>	
STREET ADDRESS	<b>11408 OAKLAND DRIVE</b>	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLENDER, ROBERT</b>	
STREET ADDRESS	<b>5730 LINDEN LN</b>	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, WAYNE M.</b>	
STREET ADDRESS	<b>5222 GENESEE PKWY</b>	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARZELLA, SAM</b>	
STREET ADDRESS	<b>11554 FLINT LN</b>	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JOE MARZELLA</b>	
1.3 STREET ADDRESS	<b>11554 FLINT LANE</b>	
1.4 CITY-ST-ZIP	<b>BOKEELIA, FL. 33922</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JEFF TOLLEFSON</b>	
2.3 STREET ADDRESS	<b>5127 GENESE PLWY</b>	
2.4 CITY-ST-ZIP	<b>BOKEELIA FL. 33922</b>	
3.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D. J. FOGLEMAN</b>	
3.3 STREET ADDRESS	<b>11425 FLINT LANE</b>	
3.4 CITY-ST-ZIP	<b>BOKEELIA, FL. 33922</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ROBERT ALLENDER</b>	
4.3 STREET ADDRESS	<b>5730 LINDEN LANE</b>	
4.4 CITY-ST-ZIP	<b>BOKEELIA, FL. 33922</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DAIS JONES</b>	
5.3 STREET ADDRESS	<b>5766 GENESE PARKWAY</b>	
5.4 CITY-ST-ZIP	<b>BOKEELIA, FL. 33922</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>TOM HAWING</b>	
6.3 STREET ADDRESS	<b>5725 GENESE PARKWAY</b>	
6.4 CITY-ST-ZIP	<b>BOKEELIA FL. 33922</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth Helmers* DATE **6 Feb -96** 941-283-8041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)