


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720786** (3)

1. Corporation Name

**CHARLOTTE SHORES PROPERTY OWNERS ASSOCIATION, IN
C.**

Principal Place of Business

Mailing Address

**11353 FLINT LANE
BOKEELIA FL 33922
US**

**11353 FLINT LANE
BOKEELIA FL 33922
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/23/1971** 3a. Date of Last Report **02/09/1996**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5402 GENESEE PKWY	26 5402 GENESEE PKWY
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Bokeelia FL	28 Bokeelia FL
24 33922 25 LEE	29 33922 30 LEE

9. Name and Address of Current Registered Agent

**HELMERS, KENNETH
11353 FLINT LANE
BOKEELIA FL 33922**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
Russell A. BARNER
83 5402 GENESEE PKWY
84 City Bokeelia 85 Zip Code FL 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  **Russell A. Barner** Sec **8-13-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/>	P	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARZELLA, JOE	1.2 NAME	
STREET ADDRESS	11554 FLINT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	1.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/>	VP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOLLEFSON, JEFF	2.2 NAME	
STREET ADDRESS	5127 GENESE PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	2.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/>	S	3.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FOGELMAN, D.J.	3.2 NAME	Russell A. Barner
STREET ADDRESS	11425 FLINT LANE	3.3 STREET ADDRESS	5402 GENESEE PKWY
CITY-ST-ZIP	BOKEELIA FL	3.4 CITY-ST-ZIP	Bokeelia FL 33922
TITLE <input checked="" type="checkbox"/>	D	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLENDER, ROBERT	4.2 NAME	
STREET ADDRESS	5730 LINDEN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	4.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/>	D	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, DORIS	5.2 NAME	
STREET ADDRESS	5766 GENESE PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	5.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/>	D	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANING, TOM	6.2 NAME	
STREET ADDRESS	5725 GENESE PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	6.4 CITY-ST-ZIP	

14. I do 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 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  **Russell A. Barner** Sec **8-13-97** GUL 783 1150

CR2E037 (4/97)