

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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

10. Name and Address of New Registered Agent	
81 Name	Russell A. BARNER
82 Street Address (P.O. Box Number is Not Acceptable)	5402 CONESSEE PKWY
83 City	Bokeelia FL
84 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 *Russell A. Barner* **Russell A. Barner** Sec **8-13-97**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P MARZELLA, JOE
STREET ADDRESS	11554 FLINT LANE
CITY-ST-ZIP	BOKEELIA FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP TOLLEFSON, JEFF
STREET ADDRESS	5127 GENESE PKWY
CITY-ST-ZIP	BOKEELIA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S FOGELMAN, D.J.
STREET ADDRESS	11425 FLINT LANE
CITY-ST-ZIP	BOKEELIA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D ALLENDER, ROBERT
STREET ADDRESS	5730 LINDEN LANE
CITY-ST-ZIP	BOKEELIA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D JONES, DORIS
STREET ADDRESS	5766 GENESE PARKWAY
CITY-ST-ZIP	BOKEELIA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HANING, TOM
STREET ADDRESS	5725 GENESE PARKWAY
CITY-ST-ZIP	BOKEELIA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Russell A. BARNER
3.3 STREET ADDRESS	5402 CONESSEE PKWY
3.4 CITY-ST-ZIP	Bokeelia FL 33922
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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* SIGNATURE REQUIRED BY **Russell A. Barner** 8-13-97 GUL 702 1150

CR2E037 (4/97)