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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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, INC.



Principal Place of Business 5402 GENESEE PKWY BOKEELIA FL 33922 US	Mailing Address 5402 GENESEE PKWY BOKEELIA FL 33922 US
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3. Date Incorporated or Qualified
04/23/1971

4. FEI Number
59-1823244

Applied For	Not Applicable
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21. Principal Place of Business 5234 GENESEE PKWY	2a. Mailing Address 5234 GENESEE PKWY
22. Sulte, Apt. #, etc.	27. Sulte, Apt. #, etc.
23. City & State BOKEELIA FL	28. City & State BOKEELIA FL
24. Zip 33922	25. Country USA
29. Zip 33922	30. Country USA

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a home owners association?
 Yes No

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

9. Name and Address of Current Registered Agent

**BORNER, RUSSELL A
5402 GENESEE PKWY
BOKEELIA FL 33922**

10. Name and Address of New Registered Agent

81. Name JANE MOHEREK
82. Street Address (P.O. Box Number is Not Acceptable) 5234 GENESEE PKWY
83.
84. City BOKEELIA
85. State FL
86. 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 JANE MOHEREK Jane Moherek 3/6/98
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 P	<input type="checkbox"/> DELETE	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 VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOLLEFSON, JEFF		2.2 NAME BOB LEONARD	
STREET ADDRESS 5127 GENESE PKWY		2.3 STREET ADDRESS 5712 LINDEN LANE	
CITY-ST-ZIP BOKEELIA FL		2.4 CITY-ST-ZIP BOKEELIA FL 33922	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BORNER, RUSSELL A		3.2 NAME JANE MOHEREK	
STREET ADDRESS 5402 GENESEE PKWY		3.3 STREET ADDRESS 5234 GENESEE PKWY	
CITY-ST-ZIP BOKEELIA FL		3.4 CITY-ST-ZIP BOKEELIA FL 33922	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLENDER, ROBERT		4.2 NAME JOHN MILLER	
STREET ADDRESS 5730 LINDEN LANE		4.3 STREET ADDRESS 5766 LINDEN WAY	
CITY-ST-ZIP BOKEELIA FL		4.4 CITY-ST-ZIP BOKEELIA FL 33922	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, DORIS		5.2 NAME TOM DEKKER	
STREET ADDRESS 5766 GENESE PARKWAY		5.3 STREET ADDRESS 5124 GENESEE PKWY	
CITY-ST-ZIP BOKEELIA FL		5.4 CITY-ST-ZIP BOKEELIA FL 33922	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANING, TOM		6.2 NAME JAMES WALDRON	
STREET ADDRESS 5725 GENESE PARKWAY		6.3 STREET ADDRESS 5246 GENESEE PKWY	
CITY-ST-ZIP BOKEELIA FL		6.4 CITY-ST-ZIP BOKEELIA FL 33922	

14. I 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: Jane Moherek **JANE MOHEREK - 3/10/98 941-283-7123**

CFR2E037 (10/97)