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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	Mailing Address
5402 GENESEE PKWY BOKEELIA FL 33922 US	5402 GENESEE PKWY BOKEELIA FL 33922 US

3. Date Incorporated or Qualified	04/23/1971
4. FEI Number	59-1823244
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5234 GENESEE PKWY	26 5234 GENESEE PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 BOKEELIA FL	28 BOKEELIA FL
Zip	Zip
24 33922	29 33922
Country	Country
25 USA	30 USA

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
7. Is this nonprofit corporation a home owners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 JANE MOHEREK Jane Moherek DATE 3/6/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	MARZELLA, JOE	
STREET ADDRESS	11554 FLINT LANE	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TOLLEFSON, JEFF	
STREET ADDRESS	5127 GENESE PKWY	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BORNER, RUSSELL A	
STREET ADDRESS	5402 GENESEE PKWY	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLENDER, ROBERT	
STREET ADDRESS	5730 LINDEN LANE	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, DORIS	
STREET ADDRESS	5766 GENESE PARKWAY	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANING, TOM	
STREET ADDRESS	5725 GENESE PARKWAY	
CITY-ST-ZIP	BOKEELIA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOB LEONARD	
2.3 STREET ADDRESS	5712 LINDEN LANE	
2.4 CITY-ST-ZIP	BOKEELIA FL 33922	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JANE MOHEREK	
3.3 STREET ADDRESS	5234 GENESEE PKWY	
3.4 CITY-ST-ZIP	BOKEELIA FL 33922	
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN MILLER	
4.3 STREET ADDRESS	5766 LINDEN WAY	
4.4 CITY-ST-ZIP	BOKEELIA FL 33922	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TOM DEKKER	
5.3 STREET ADDRESS	5124 GENESEE PKWY	
5.4 CITY-ST-ZIP	BOKEELIA FL 33922	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JAMES WALDRON	
6.3 STREET ADDRESS	5246 GENESEE PKWY	
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

CF2E037 (10/97)