


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 01, 1999 8:00am**  
**Secretary of State**

02-01-1999 90019 034 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720786**

1. Corporation Name  
**CHARLOTTE SHORES PROPERTY OWNERS ASSOCIATION, IN C.**

Principal Place of Business 5234 GENESEE PKWY BOKEELIA FL 33922 US	Mailing Address 5234 GENESEE PKWY BOKEELIA FL 33922 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/23/1971	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	

9. Name and Address of Current Registered Agent <b>MOHEREK, JAN E</b> 5234 GENESEE PKEY BOKEELIA FL 33922	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, BOB	2.2 NAME	
STREET ADDRESS	5127 GENESE PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL 33922	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHEREK, JANE	3.2 NAME	
STREET ADDRESS	5234 GENESEE PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL 33922	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOHN	4.2 NAME	
STREET ADDRESS	5766 LINDEN WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL 33922	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEKKER, TOM	5.2 NAME	
STREET ADDRESS	5724 GENESEE PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL 33922	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON, JAMES	6.2 NAME	
STREET ADDRESS	5246 GENESEE PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL 33922	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Jane Moherrek* SIGNATURE RETAINED MOHEREK 1/16/99 283-7123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)