

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90182 018 ****61.25

DOCUMENT # 720786

1. Entity Name

CHARLOTTE SHORES PROPERTY OWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

5234 GENESEE PKWY
 BOKEELIA FL 33922
 US

5234 GENESEE PKWY
 BOKEELIA FL 33922-3019
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1823244

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOHEREK, JANE
5234 GENESEE PKEY
BOKEELIA FL 33922

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARZELLA, JOE	
STREET ADDRESS	11554 FLINT LANE	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, BOB	
STREET ADDRESS	5127 GENESE PKWY	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOHEREK, JANE	
STREET ADDRESS	5234 GENESEE PKWY	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JOHN	
STREET ADDRESS	5766 LINDEN WAY	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEKKER, TOM	
STREET ADDRESS	5724 GENESEE PKWY	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALDRON, JAMES	
STREET ADDRESS	5246 GENESEE PKWY	
CITY-ST-ZIP	BOKEELIA FL 33922	

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD, BOB	
STREET ADDRESS	5712 LINDEN LANE	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS PATTERSON	
STREET ADDRESS	11407 FLINT LANE	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN FRYANT	
STREET ADDRESS	5091 GENESEE PARKWAY	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM MESSINK	
STREET ADDRESS	5402 GENESEE PARKWAY	
CITY-ST-ZIP	BOKEELIA FL 33922	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE MOHEREK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-283-7123
 Date Daytime Phone #