

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 720786**

1. Entity Name

**CHARLOTTE SHORES PROPERTY OWNERS ASSOCIATION, IN**

Principal Place of Business

5234 GENESEE PKWY  
BOKEELIA FL 33922  
US

Mailing Address

5234 GENESEE PKWY  
BOKEELIA FL 33922-3019  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MOHEREK, JANE**  
5234 GENESEE PKEY  
BOKEELIA FL 33922

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

Date

Daytime Phone #

941-283-7123

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

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



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