

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0033688

DOCUMENT # 720786

03-20-2002 90051 020 ****61.25

1. Entity Name

CHARLOTTE SHORES PROPERTY OWNERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

5234 GENESEE PKWY
 BOKEELIA FL 33922
 US

5234 GENESEE PKWY
 BOKEELIA FL 33922
 US

2. Principal Place of Business

5115 Genesee Pkwy

3. Mailing Address

5115 Genesee Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bokeelia FL

City & State

Bokeelia, FL

Zip

33922

Country

USA

Zip

33922

Country

USA



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

MOHEREK, JAN
 5234 GENESEE PKEY
 BOKEELIA FL 33922

7. Name and Address of New Registered Agent

Name ~~NANCY J. BOYD~~

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

5115 Genesee Pkwy

City

Bokeelia

FL

Zip Code

33922

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 Nancy J. Boyd, Treasurer

DATE 3/04/02

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	VP	<input type="checkbox"/> Delete
NAME	PATTERSON, DENNIS	
STREET ADDRESS	11407 FLINT LN	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEONARD, BOB	
STREET ADDRESS	5127 GENESE PKWY	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Delete
NAME	MOHEREK, JANE	
STREET ADDRESS	5234 GENESEE PKWY	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRYANT, LYNN	
STREET ADDRESS	5091 GENESSE PKWY	
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 type="checkbox"/> Delete
NAME	MESSINK, JIM	
STREET ADDRESS	5402 GENESE PKWY	
CITY-ST-ZIP	BOKEELIA FL 33922	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM MESSINK	
STREET ADDRESS	5402 Genesee Pkwy	
CITY-ST-ZIP	Bokeelia FL 33922	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBER HOLT	
STREET ADDRESS	5042 Genesee Pkwy	
CITY-ST-ZIP	Bokeelia FL 33922	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNIFER OVERBAUGH	
STREET ADDRESS	11408 OAKLAND DRIVE	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY J. BOYD	
STREET ADDRESS	5115 Genesee Pkwy	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB LEONARD	
STREET ADDRESS	5712 LINDEN LANE	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM WALDRON	
STREET ADDRESS	5246 Genesee Pkwy	
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: NANCY J. BOYD, TREASURER 3/04/02 (941) 283-5281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)