

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742292

1. Entity Name

CHARLOTTE BAY VILLAS ASSOCIATIONS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90041 039 ****70.00

Principal Place of Business	Mailing Address
1020 W MARION AVE #45 PUNTA GORDA FL 33950	1020 W MARION AVE #45 PUNTA GORDA FL 33950-5337



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1020 W. MARION AVE Suite, Apt. #, etc. # 53 City & State PUNTA GORDA, FL. Zip 33950 Country U.S.A.	1020 W. MARION AVE. Suite, Apt. #, etc. # 53 City & State PUNTA GORDA, FL. Zip 33950 Country U.S.A.

4. FEI Number	Applied For
59-2341659	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent

PINHO, JOSE
 1020 W. MARION AVE.
 NO. 52
 PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name: CLARENCE J. WELSH
 Street Address (P.O. Box Number is Not Acceptable): 1020 W. MARION AVE #53
 City: PUNTA GORDA FL Zip Code: 33950

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: CLARENCE J. WELSH *Clarence J. Welsh* 4-14-00
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PINHO, JOE	
STREET ADDRESS	1020 W MARION AVE #52	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, NINA	
STREET ADDRESS	1020 W MARION AVE #45	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WHITMAN, DOUG	
STREET ADDRESS	1020 MARION AVE #47	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THORPE, JOHN	
STREET ADDRESS	1020 W MARION AVE #44	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELSH, CLARENCE J.	
STREET ADDRESS	1020 W. MARION AVE #53	
CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, NINA	
STREET ADDRESS	1020 W. MARION AVE #45	
CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SENN, MAX	
STREET ADDRESS	1020 W. MARION AVE #42	
CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, DIANA	
STREET ADDRESS	1020 W. MARION AVE #49	
CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARE, DOLORES	
STREET ADDRESS	1020 W. MARION AVE #51	
CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: CLARENCE J. WELSH *Clarence J. Welsh* 4-14-00 941-505-1578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)