


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90063 044 \*\*\*\*61.25

<b>DOCUMENT # 742292</b> 1. Entity Name: CHARLOTTE BAY VILLAS ASSOCIATIONS, INC.			
Principal Place of Business: 1020 W. MARION AVE 53 PUNTA GORDA, FL 33950		Mailing Address: 100 SULLIVAN ST 112 PUNTA GORDA, FL 33950	
2. Principal Place of Business: 1020 W Marion Ave		3. Mailing Address: 1020 W Marion Ave #16	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Punta Gorda FL		City & State: Punta Gorda FL	
Zip: 33950 Country		Zip: 33950 Country	
4. FEI Number: 59-2341659		Applied For: Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent: GREENE, JOHN F. 100 SULLIVAN ST. STE 112 PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent: Name: Dianne Felstein Street Address (P.O. Box Number Is Not Acceptable): 1020 W Marion Ave #45 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Dianne C. Felstein</i> Dianne Felstein DATE:			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD <input checked="" type="checkbox"/> Delete NAME: LEONARD, ROBERT STREET ADDRESS: PO BOX 271 CITY-ST-ZIP: JAMESPORT, NY 11947	TITLE: PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Dianne Felstein STREET ADDRESS: 1020 W Marion Ave #45 CITY-ST-ZIP: Punta Gorda FL 33950		
TITLE: VD <input type="checkbox"/> Delete NAME: BARTNIK, DORIS N STREET ADDRESS: 1020 W. MARION AVE #51 CITY-ST-ZIP: PUNTA GORDA, FL 32950	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: SD <input type="checkbox"/> Delete NAME: MARSH, WILMA STREET ADDRESS: 1020 W. MARION AVE 50 CITY-ST-ZIP: PUNTA GORDA, FL 33950	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: TD <input type="checkbox"/> Delete NAME: FELTSTEIN, DIANE STREET ADDRESS: 1020 W MARION AVE #45 CITY-ST-ZIP: PUNTA GORDA, FL 33952	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Leona Campbell STREET ADDRESS: 1020 W. Marion Ave #49 CITY-ST-ZIP: Punta Gorda FL 33950		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Brian Skupin STREET ADDRESS: 4257 Appleton Terrace CITY-ST-ZIP: North Brit FL 34286		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Dianne C. Felstein</i> Dianne Felstein		Date: Daytime Phone #:	