

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90172 012 ****61.25



DOCUMENT # 742292
 1. Entity Name
CHARLOTTE BAY VILLAS ASSOCIATIONS, INC.

Principal Place of Business
 1020 W MARION AVE
 PUNTA GORDA, FL 33950

Mailing Address
~~100 SULLIVAN ST~~
~~#16~~
 PUNTA GORDA, FL 33950

40093100



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 1020 W Marion Ave
 Suite, Apt. #, etc.
 #16

01312007 Chg-NP CR2E037 (12/06)

City & State
 Punta Gorda

Zip Country
 33950

4. FEI Number
 59-2341659

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FELSTEIN, DIANNE
1020 W MARION AVE #45
FORT MYERS, FL 33905

7. Name and Address of New Registered Agent
 Name
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dianne C Felstein* Dianne Felstein
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BARTNIK, DORIS N <input type="checkbox"/> Delete 1020 W. MARION AVE #51 PUNTA GORDA, FL 32950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARSH, WILMA <input type="checkbox"/> Delete 1020 W. MARION AVE 50 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FELTSTEIN, DIANE ⁵² <input type="checkbox"/> Delete 1020 W MARION AVE #44 PUNTA GORDA, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMPBELL, LEONA <input type="checkbox"/> Delete 1020 W MARION AVE #49 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKUPIN, BRIAN <input checked="" type="checkbox"/> Delete 4257 APPLETON TERR NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dianne
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Campbell, Leona P.O. Box 511604 (1020 W Marion Ave #49) Punta Gorda FL 33951-1604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Rosie Skupin 1020 W Marion Ave #44 Punta Gorda FL 33950

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: *Dianne C Felstein* Dianne Felstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #