


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90018 038 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # 742292</b>   |  |   |  |         |  |
| 1. Entity Name<br>CHARLOTTE BAY VILLAS ASSOCIATIONS, INC.<br><b>ASSOCIATION</b>  |  |   |  |  |  |
| Principal Place of Business<br>1020 W MARION AVE<br>PUNTA GORDA, FL 33950  |  |   | Mailing Address<br>1020 W MARION AVE<br>#16<br>PUNTA GORDA, FL 33950 |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| City & State   |  | City & State  |  | 01102008 Chg-NP CR2E037 (12/06)  |  |
| Zip  |  | Country   |  | 4. FEI Number<br>59-2341659  |  |
|  |  |   |  | Applied For<br>Not Applicable  |  |
|  |  |   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent                          |  |  |
| FELSTEIN, DIANNE-<br>1020 W MARION AVE #53<br>FORT MYERS, FL 33905   |  |   | 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. I am familiar with and accept the obligations of registered agent.   |  |   |  |  |  |
| SIGNATURE <i>Dianne C. Felstein President</i> DATE   |  |   |  |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |  | 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  | VD                                       | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME   | BARTNIK, DORIS N                         |   | NAME   |  |  |
| STREET ADDRESS   | 1020 W MARION AVE #51                    |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | PUNTA GORDA, FL 32950                    |   | CITY-ST-ZIP  |  |  |
| TITLE  | SD                                       | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME   | MARSH, WILMA                             |   | NAME   |  |  |
| STREET ADDRESS   | 1020 W MARION AVE 50                     |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | PUNTA GORDA, FL 33950                    |   | CITY-ST-ZIP  |  |  |
| TITLE  | PD                                       | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME   | FELTSTEIN, DIANNE                        |   | NAME   |  |  |
| STREET ADDRESS   | 1020 W MARION AVE #52                    |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | PUNTA GORDA, FL 33952                    |   | CITY-ST-ZIP  |  |  |
| TITLE  | D  | <input type="checkbox"/> Delete   | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |  |
| NAME   | CAMPBELL, LEONA                          |   | NAME   |  |  |
| STREET ADDRESS   | P.O. BOX 511604 (1026 W. MARION AVE #49) |   | STREET ADDRESS   | PO Box 511604, 1020 W MARION AVE 449   |  |
| CITY-ST-ZIP  | PUNTA GORDA, FL 339511604                |   | CITY-ST-ZIP  |  |  |
| TITLE  | TD                                       | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME   | SKUPIN, ROSIE                            |   | NAME   |  |  |
| STREET ADDRESS   | 1020 W MARION AVE #44                    |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | PUNTA GORDA, FL 33950                    |   | CITY-ST-ZIP  |  |  |
| TITLE  |  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME   |  |   | NAME   |  |  |
| STREET ADDRESS   |  |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |  |   | CITY-ST-ZIP  |  |  |
| 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 President</i> Date 3/16/08 Daytime Phone # 941-657-1019   |  |   |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |  |  |  |