

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742292

FILED
Jun 23, 2009
Secretary of State

Entity Name: CHARLOTTE BAY VILLAS ASSOCIATIONS, INC.

Current Principal Place of Business:

1020 W MARION AVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

1020 W MARION AVE
#16
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 59-2341659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FELSTEIN, DIANNE
1020 W MARION AVE #53
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

FELSTEIN, DIANNE
1020 W MARION AVE #52
PUNTA GORDA, FL 33950 US

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: _____

Electronic Signature of Registered Agent

06/23/2009

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BARTNIK, DORIS N
Address: 1020 W. MARION AVE #51
City-St-Zip: PUNTA GORDA, FL 32950

Title: SD () Delete
Name: MARSH, WILMA
Address: 1020 W. MARION AVE 50
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD () Delete
Name: FELTSTEIN, DIANNE
Address: 1020 W MARION AVE #52
City-St-Zip: PUNTA GORDA, FL 33952

Title: D () Delete
Name: CAMPBELL, LEONA
Address: P.O. BOX 511604, 1026 W. MARION AVE #49
City-St-Zip: PUNTA GORDA, FL 339511604

Title: TD () Delete
Name: SKUPIN, ROSIE
Address: 1020 W. MARION AVE #44
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BARTNIK, DORIS N
Address: 1020 W. MARION AVE #51
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD (X) Change () Addition
Name: MARSH, WILMA
Address: 60 ARLINGTON COURT
City-St-Zip: EUSTIS, FL 32726

Title: PD (X) Change () Addition
Name: FELTSTEIN, DIANNE
Address: 1020 W MARION AVE #52
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Change () Addition
Name: CAMPBELL, LEONA
Address: P.O. BOX 511604, 1026 W. MARION AVE #49
City-St-Zip: PUNTA GORDA, FL 33951

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE C. FELSTEIN

Electronic Signature of Signing Officer or Director

MS

06/23/2009

Date