

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90236 031 \*\*\*\*61.25

110101

DOCUMENT # **742292**

1. Entity Name

**CHARLOTTE BAY VILLAS ASSOCIATIONS, INC.**



Principal Place of Business

**1020 W. MARION AVE  
53  
PUNTA GORDA FL 33950**

Mailing Address

**1020 W. MARION AVE  
53  
PUNTA GORDA FL 33950**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2341659**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELSH, CLARENCE J  
1020 W. MARION AVE .  
#53  
PUNTA GORDA FL 33950**

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 **CLARENCE J. WELSH**

*Clarence J. Welsh*

**4-5-03**

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.

**\$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**  Delete  
NAME **WELSH, CLARENCE J**  
STREET ADDRESS **1020 W MARION AVE. #53**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE  Change  Addition  
NAME ~~WELSH, CLARENCE J~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **LEONARD, NINA**  
STREET ADDRESS **1020 W MARION AVE #45**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE  Change  Addition  
NAME **D MARSH, WILMA**  
STREET ADDRESS **1020 W. MARION AVE. #50**  
CITY-ST-ZIP **PUNTA GORDA, FL. 33950**

TITLE **VP**  Delete  
NAME **SENN, MAX**  
STREET ADDRESS **1020 W MARION AVE. #42**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **LEONA, CAMPBELL H**  
STREET ADDRESS **1020 W. MARION AVE. #49**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE  Change  Addition  
NAME **SD CAMPBELL, LEONA H.**  
STREET ADDRESS **1020 W. MARION AVE #49**  
CITY-ST-ZIP **PUNTA GORDA, FL. 33950**

TITLE **TD**  Delete  
NAME **BARTNIK, DORIS N**  
STREET ADDRESS **1020 W. MARION AVE #51**  
CITY-ST-ZIP **PUNTA GORDA FL 32950**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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* **4-5-03 941-505-1578**

CR2E037 (10/02)