FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # 767206 (6)

1. Corporation Name

CHARLOTTE BAY RESORT & CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
23128 BAYSHORE ROAD PORT CHARLOTTE FL 33980	23128 BAYSHORE ROAD PORT CHARLOTTE FL 33980

3. Date Incorporated or Qualified: **02/28/1983**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business
2a. Mailing Address
4. FEI Number: **59-2358373** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIES, CHRISTOPHER N.
1415 HENDRY ST
FT MYERS FL 33901

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	T D	☒ Change ☐ Addition
NAME	WILLIAMS, WALTER L.		1.2 NAME	Williams, Walter L.	
STREET ADDRESS	18205 O'HARA DR.		1.3 STREET ADDRESS	18205 O'Hara Dr.	
CITY-ST-ZIP	PORT CHARLOTT FL		1.4 CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOLDRIDGE, RICHARD		2.2 NAME		
STREET ADDRESS	1605 NORTH DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	3.1 TITLE	D	☒ Change ☒ Addition
NAME	O'BRIEN, ROBERT S.		3.2 NAME	Charles Johnson	
STREET ADDRESS	1633 EDITH ESPLANADE		3.3 STREET ADDRESS	P.O. Box 32	
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP	JENKINS MN 56456	
TITLE	D	☑ DELETE	4.1 TITLE	D	☒ Change ☒ Addition
NAME	FABER, CAROLINE		4.2 NAME	Paul Flynn	
STREET ADDRESS	22404 DALHI		4.3 STREET ADDRESS	1397 Dorchester St.	
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 CITY-ST-ZIP	PORT CHARLOTTE	
TITLE	DVD	☐ DELETE	5.1 TITLE	S D	☒ Change ☒ Addition
NAME	MATSON, JOANNE S.		5.2 NAME	Marjorie M. Burns	
STREET ADDRESS	1729 INLAND DR.		5.3 STREET ADDRESS	12538 SW Kingsway Cr Unit 1204	
CITY-ST-ZIP	N. FORT MYERS FL		5.4 CITY-ST-ZIP	LAKE SUZY FL 33821	
TITLE	SD	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PATRICIA BUCKLES		6.2 NAME		
STREET ADDRESS	20416 ANDOVER AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie M. Burns 2/28/96 941/627-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARJORIE M. BURNS