FILE NOW: FILING FEE IS $61.25

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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33980-3203

3. Date Incorporated or Qualified: 02/28/1983
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2358373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, WALTER L.		1.2 NAME		
STREET ADDRESS	18205 O'HARA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTT FL		1.4 CITY-ST-ZIP		
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	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, CHARLES		3.2 NAME		
STREET ADDRESS	P.O. BOX 32 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	JENKINS MN		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, PAUL		4.2 NAME		
STREET ADDRESS	1397 DORCHESTER STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 CITY-ST-ZIP		
TITLE	DVD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MATSON, JOANNE S.		5.2 NAME	800002117568	
STREET ADDRESS	1729 INLAND DR.		5.3 STREET ADDRESS	-03/19/97--01015--021	
CITY-ST-ZIP	N. FORT MYERS FL		5.4 CITY-ST-ZIP	***61.25	
TITLE	SD	☒ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME	BURNS, MARJORIE M.		6.2 NAME	COHEN, Aaron	
STREET ADDRESS	12538 SW KINGSWAY CIRCLE UNIT 1204		6.3 STREET ADDRESS	8466 Beacon Blvd	
CITY-ST-ZIP	LAKE SUZY FL		6.4 CITY-ST-ZIP	Ft. Myers, FL 33907	

CR2E037 (9/96)

14. I do 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 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: [illegible] DATE: 3-19