2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005
Secretary of State

DOCUMENT# 767206

Entity Name: CHARLOTTE BAY RESORT & CLUB ASSOCIATION, INC.

Current Principal Place of Business:

23128 BAYSHORE ROAD
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

23128 BAYSHORE ROAD
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 59-2358373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title:	TD	(X) Delete
Name:	WILLIAMS, WALTER L.,	
Address:	18205 O'HARA DR.	
City-St-Zip:	PORT CHARLOTT, FL 33948	
Title:	PD	(X) Delete
Name:	HOLDRIDGE, RICHARD,	
Address:	1605 NORTH DRIVE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	D	( ) Delete
Name:	NEWBERRY, JERALD	
Address:	PO BOX 1947 N/A	
City-St-Zip:	ARCADIA, FL 34625	
Title:	DVD	( ) Delete
Name:	JUDSON, THEODORE	
Address:	17950 ANTHERIUM LN	
City-St-Zip:	NORTH FT MYERS, FL 33917	
Title:	D	( ) Delete
Name:	SWANSON, WAYNE	
Address:	740 E NICOLLET BLVD	
City-St-Zip:	BURNSVILLE, MN 55337	
Title:	S	( ) Delete
Name:	HOLCOMB, KATHLEEN	
Address:	319 YORKSHIRE ST	
City-St-Zip:	PORT CHARLOTTE, FL 33954	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	JUDSON, THEODORE	
Address:	17950 ANTHERIUM LN	
City-St-Zip:	NORTH FT MYERS, FL 33917	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	STD	(X) Change ( ) Addition
Name:	HOLCOMB, KATHLEEN	
Address:	319 YORKSHIRE ST	
City-St-Zip:	PORT CHARLOTTE, FL 33954	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THEODORE JUDSON PD 03/26/2005

Electronic Signature of Signing Officer or Director — Date