# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 04, 2006**
**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 ( )**
**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:**

HOLCOMB, KATHLEEN
319 YORKSHIRE STREET
PORT CHARLOTTE, FL 33954 US

**Name and Address of New Registered Agent:**

LAROCQUE, LINDA
23154 WESTCHESTER BLVD
PORT CHARLOTTE, FL 33980 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: LINDA LAROCQUE 08/04/2006
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: NEWBERRY, JERALD
Address: PO BOX 1947 N/A
City-St-Zip: ARCADIA, FL 34625

Title: PD ( ) 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: STD ( ) 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: STD (X) Change ( ) Addition
Name: SWANSON, SHARON
Address: 740 E NICOLLET BLVD
City-St-Zip: BURNSVILLE, MN 55337

I hereby certify that the information supplied with this filing does not qualify for the 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: THEODORE JUDSON PD 08/04/2006
Electronic Signature of Signing Officer or Director Date