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

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-29-2003 90130 021 ****61.25

DOCUMENT # 767206

1. Entity 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

J00126483

☒ CHECK HERE IF MAKING CHANGES

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 59-2358373 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIES, CHRISTOPHER N. 1415 HENDRY ST FT MYERS FL 33901	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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, WALTER L. 18205 O'HARA DR. PORT CHARLOTT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VD JUDSON, THEODORE 17950 ANTHERIUM LANE N FT MYERS, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLDRIDGE, RICHARD 1605 NORTH DRIVE FORT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWANSON, WAYNE 740 E NICOLLET BLVD BURNSVILLE, MN 55337	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWBERRY, JERALD P.O. BOX 1947 N/A ARCADIA FL 34625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRENCH, CATHERINE 1601 ATWATER DR NORTH PORT, FL 34288	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLYNN, PAUL 1397 DORCHESTER STREET PORT CHARLOTTE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVD MATSON, JOANNE S. 1729 INLAND DR. N. FORT MYERS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOLCOMB, KATHLEEN 319 YORKSHIRE ST PORT CHARLOTTE FL 33954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Walter L. Williams REQUIRED Walter L. Williams 1-25-03