

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

DOCUMENT # 708137 (5)

1. Corporation Name

CHARLOTTE HARBOR WATER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2515 HIGHLANDS RD  
HARBOUR HEIGHTS  
HARBOUR HEIGHTS FL 33983  
US

2515 HIGHLANDS RD  
HARBOUR HEIGHTS  
HARBOUR HEIGHTS FL 33983  
US

3. Date Incorporated or Qualified  
11/19/1964

3a. Date of Last Report  
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
59-1155605

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

10. Name and Address of New Registered Agent

BRAYTON, PAUL L.  
20346 EMERALD AVENUE  
PORT CHARLOTTE FL 33952

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  
NAME BRAYTON, PAUL L.  
STREET ADDRESS 20346 EMERALD AVE.  
CITY - ST - ZIP PT. CHARLOTTE FL ☐ DELETE

11 TITLE  
12 NAME ☐ Change ☐ Addition  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE TD  
NAME AMBERG, DAVID  
STREET ADDRESS 1923 CITRON ST  
CITY - ST - ZIP CHARLOTTE HARBOR FL ☐ DELETE

21 TITLE  
22 NAME ☐ Change ☐ Addition  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE D  
NAME LIKENS, EDGAR  
STREET ADDRESS 3125 N SAN MARINO DR  
CITY - ST - ZIP HARBOUR HGTS FL ☐ DELETE

31 TITLE  
32 NAME ☐ Change ☐ Addition  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE DVP  
NAME CORDIS, CHARLES  
STREET ADDRESS 3447 MELISSA CT  
CITY - ST - ZIP CHARLOTTE HARBOR FL ☐ DELETE

41 TITLE  
42 NAME ☐ Change ☐ Addition  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE DP  
NAME KOZOMAN, ROBERT  
STREET ADDRESS 3040 PEACE RIVER  
CITY - ST - ZIP HARBOUR HEIGHTS FL ☐ DELETE

51 TITLE  
52 NAME ☐ Change ☐ Addition  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE D  
NAME HETTEMA, OSCAR  
STREET ADDRESS 3174 S SAN MARINO DR  
CITY - ST - ZIP HARBOUR HEIGHTS, FL 00000 ☐ DELETE

61 TITLE  
62 NAME ☐ Change ☐ Addition  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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: *Paul L. Brayton* PAUL L. BRAYTON

1/22/96

941-625-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)