

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720786

**Entity Name:** CHARLOTTE SHORES ONE PROPERTY OWNERS' ASSOCIATION, INC.**FILED**  
**Feb 17, 2022**  
**Secretary of State**  
**7371463240CC****Current Principal Place of Business:**5259 GENESEE PKWY  
BOKEELIA, FL 33922**Current Mailing Address:**PO BOX 320  
BOKEELIA, FL 33922 US**FEI Number: 59-1823244****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DUNLAP, JOEL  
5259 GENESEE PKWY  
BOKEELIA, FL 33922 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: JOEL DUNLAP****02/17/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES
Name	DUNLAP, JOEL
Address	5259 GENESEE PKWY
City-State-Zip:	BOKEELIA FL 33922

Title	VP
Name	ANDREWS , JOHN
Address	PO BOX 320
City-State-Zip:	BOKEELIA FL 33922

Title	SEC
Name	NIBLOCK, CAROLYN
Address	PO BOX 320
City-State-Zip:	BOKEELIA FL 33922

Title	DIRECTOR
Name	HANSEN, ROBERT
Address	PO BOX 320
City-State-Zip:	BOKEELIA FL 33922

Title	DIR
Name	ZANE, STEPHEN A JR.
Address	PO BOX 320
City-State-Zip:	BOKEELIA FL 33922

Title	DIRECTOR
Name	HALL, JOHN
Address	PO BOX 320
City-State-Zip:	BOKEELIA FL 33922

Title	TRES
Name	GALPIN, GWEN
Address	PO BOX 320
City-State-Zip:	BOKEELIA FL 33922

*I hereby 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 all other like empowered.*

**SIGNATURE: JOEL DUNLAP****PRESIDENT****02/17/2022**

Electronic Signature of Signing Officer/Director Detail

Date