

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731293

**Entity Name:** CHARLOTTE AMATEUR RADIO SOCIETY, INC.

**Current Principal Place of Business:**

341 HILE LANE  
PUNTA GORDA, FL 33987

**Current Mailing Address:**

PO BOX 510415  
PUNTA GORDA, FL 33951-0415 US

**FEI Number:** 65-0355578

**Certificate of Status Desired:** No

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

WEATHERLY, ROGER  
1447 SEA FAN DRIVE  
PUNTA GORDA, FL 33950 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:** ROGER WEATHERLY

03/19/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WEINSTEIN, DAVID  
Address        341 HILE LANE  
City-State-Zip: PUNTA GORDA FL 33987

Title            DIRECTOR  
Name            DRAMMISSI, ANGELO  
Address        16446 BELO COURT  
City-State-Zip: PUNTA GORDA FL 33955

Title            SECRETARY  
Name            HEMSTREET, CHUCK  
Address        2588 VALERIAN WAY  
City-State-Zip: NORTH PORT FL 34289

Title            TREASURER  
Name            SCHALL, DAVID  
Address        619 MADRID BLVD  
City-State-Zip: PUNTA GORDA FL 33950

Title            DIRECTOR  
Name            SHELTON, DAVID  
Address        5326 HIGHTOWER ROAD  
City-State-Zip: NORTH PORT FL 34289

Title            DIRECTOR  
Name            SOLEY, STEVE  
Address        P.O. BOX 495493  
City-State-Zip: PORT CHARLOTTE FL 33949

Title            VP  
Name            YOUNG, DOUGLAS  
Address        5249 BLACKJACK CIRCLE  
City-State-Zip: PUNTA GORDA FL 33982

*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:** DAVID SCHALL

TREASURER

03/19/2021

Electronic Signature of Signing Officer/Director Detail

Date