

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732220

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC1043746959**

**Entity Name:** THE CHARLOTTE PROMENADERS SQUARE DANCE CLUB, INC

**Current Principal Place of Business:**

22486 ADORN AVE  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

22486 ADORN AVE  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 59-1645327

**Certificate of Status Desired:** No

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

BROKMEIER, FRED  
22486 ADORN AVE  
PORT CHARLOTTE, FL 33952 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name BROKMEIER, FRED  
Address 22486 ADORN AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title P  
Name HARDING, CRIS  
Address 383 HARBOR ISLES DR  
City-State-Zip: NORTH PORT FL 34287

Title S  
Name BIRD, JUDY  
Address 578 PORTSIDE DR  
City-State-Zip: NORTH PORT FL 34287

Title D  
Name DAMON, BIRD  
Address 578 PORTSIDE DR  
City-State-Zip: NORT PORT FL 34287

Title D  
Name MACARTHUR, JACK  
Address 25163 MARION AVE  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name DRAIME, WALT  
Address 31 CASTAWAY CT  
City-State-Zip: NORTH PORT FL 34287

*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:** DAMON BIRD

**DIRECTOR**

**01/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date