

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732220

Entity Name: THE CHARLOTTE PROMENADERS SQUARE DANCE CLUB, INC**Current Principal Place of Business:**OAKS III CONDOMINIUMS
19505 QUESADA AVENUE UNIT N 104
PORT CHARLOTTE, FL 33948**Current Mailing Address:**OAKS III CONDOMINIUMS
19505 QUESADA AVENUE UNIT N 104
PORT CHARLOTTE, FL 33948 US**FEI Number:** 59-1645327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POYANT, ROGER
OAKS III CONDOMINIUMS
19505 QUESADA AVENUE UNIT N 104
PORT CHARLOTTE, FL 33948 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 POYANT

01/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title TREASURER
Name MARTIN, DIANE
Address OAKS III CONDOMINIUMS
 19505 QUESADA AVENUE UNIT E 205

City-State-Zip: PORT CHARLOTTE FL 33948

Title SECRETARY
Name COMPAN, JEAN
Address 578 PORTSIDE DRIVE
City-State-Zip: NORTH PORT FL 34287Title DIRECTOR
Name AUSTIN, TIM
Address 2880 BRIANT STREET
City-State-Zip: NORTH PORT FL 34287Title DIRECTOR
Name HOPPE, ROGER
Address 311 GARVIN STREET
 UNIT 401 C
City-State-Zip: PUNTA GORDA FL 33950Title PRESIDENT
Name POYANT, ROGER
Address OAKS III CONDOMINIUMS
 19505 QUESADA AVENUE UNIT N 104

City-State-Zip: PORT CHARLOTTE FL 33948

Title ASST. SECRETARY
Name AUSTIN, CAROLYN
Address 2880 BRIANT STREET
City-State-Zip: NORTH PORT FL 34287Title DIRECTOR
Name CLAY, JAMES
Address 601 PORTSIDE DRIVE
City-State-Zip: NORTH PORT FL 34287Title DIRECTOR
Name MARTIN, DIANE
Address OAKS CONDOMINIUMS
 19505 QUESADA AVENUE UNIT E 205

City-State-Zip: PORT CHARLOTTE FL 33948

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: CAROLYN E AUSTIN**ASSISTANT SECRETARY** 01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date