

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732220

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

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

Title	P
Name	HARDING, CRIS
Address	383 HARBOR ISLES 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	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****01/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date