ing Address:			
T STREET RT, FL 34287 US			
FEI Number: 59-1645327		Certificate of Status Desired: No	
ddress of Current Registered Agent:			
TREET FL 34287 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.			
: TIM A. AUSTIN			02/23/2022
Electronic Signature of Registered Agent			Date
ctor Detail :			
TREASURER	Title	PRESIDENT	
POLFLIET, JOAN	Name	AUSTIN, TIM	
3802 ALBACETE CIRCLE	Address	2880 BRIANT STREET	
PUNTA GORDA FL 33950	City-State-Zip:	NORTH PORT FL 34287	
SECRETARY	Title	VP	
COMPAN, JEAN	Name	POYANT, ROGER	
578 PORTSIDE DRIVE	Address	19505 QUESADA AVENUE	
NORTH PORT FL 34287	City-State-Zip:		
DIRECTOR	Title	DIRECTOR	
HOPPE, ROGER	Name		
311 GARVIN STREET UNIT 401 C	Address	601 PORTSIDE DRIVE	
PUNTA GORDA FL 33950	City-State-Zip:	NORTH PORT FL 34287	
DIRECTOR			
HOSTETTER, RON			
20771 ATHENIAN LANE			
NORTH FORT MYERS FL 33917			
	FSTREET     FSTREET     STREET     Street     Sector     Contract     REET     FL 34287 US     entity submits this statement for the purpose of changing its regis     entity submits this statement for the purpose of changing its regis     entity submits this statement for the purpose of changing its regis     entity submits this statement for the purpose of changing its regis     entity submits this statement for the purpose of changing its regis     entity submits this statement for the purpose of changing its regis     entity submits this statement for the purpose of changing its regis     entity submits this statement for the purpose of changing its regis     entity submits this statement for the purpose of changing its regis     entity submits this statement for the purpose of changing its regis     entity submits this statement for the purpose of changing its regis     there is a submit of Registered Agent     POLFLIET, JOAN     3802 ALBACETE CIRCLE     PUNTA GORDA FL 33950     DIRECTOR     HOPPE, ROGER     311 GARVIN STREET     UNIT 401 C     PUNTA GORDA FL 33950     DIRECTOR     HOSTETTER, RON	FSTREET IT, FL 34287 US     59-1645327     ddress of Current Registered Agent:     TREET FL 34287 US     entity submits this statement for the purpose of changing its registered office or regis     entity submits this statement for the purpose of changing its registered office or regis     entity submits this statement for the purpose of changing its registered office or regis     entity submits this statement for the purpose of changing its registered office or regis     entity submits this statement for the purpose of changing its registered office or regis     entity submits this statement for the purpose of changing its registered office or regis     entity submits this statement for the purpose of changing its registered office or regis     entity submits this statement for the purpose of changing its registered office or regis     entity submits this statement for the purpose of changing its registered office or regis     entity submits this statement for the purpose of changing its registered office or regis     title     POLFLIET, JOAN   Name     3802 ALBACETE CIRCLE   Address     PUNTA GORDA FL 33950   City-State-Zip:     DIRECTOR   Title     HOPPE, ROGER   Name     311 GARVIN STREET   Address     PUNTA GORDA FL 33950   City-State-Zip: <t< td=""><td>STREET T., FL 34287 US   Certificate of Status Desi     59-1645327 ddress of Current Registered Agent:   Certificate of Status Desi     TREET FL 34287 US   entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flow     entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flow     entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flow     entity submits this statement for the 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of Status Desi     TREET FL 34287 US   entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flow     entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flow     entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flow     entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flow     entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flow     entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flow     entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flow     entity submits 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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: TIM A. AUSTIN

PRESIDENT

02/23/2022

Electronic Signature of Signing Officer/Director Detail

## **DOCUMENT# 732220**

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

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

2880 BRIANT STREET NORTH PORT, FL 34287

## **Current Mailing Address:**

FILED Feb 23, 2022 **Secretary of State** 0636139290CC

Date