

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732220

**Entity Name:** THE CHARLOTTE PROMENADERS SQUARE DANCE CLUB, INC**Current Principal Place of Business:**2880 BRIANT STREET  
NORTH PORT, FL 34287**Current Mailing Address:**2880 BRIANT STREET  
NORTH PORT, FL 34287 US**FEI Number:** 59-1645327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AUSTIN, TIM  
2880 BRIANT STREET  
NORTH PORT, 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.***SIGNATURE:** TIM A. AUSTIN

03/22/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	POLFLIET, JOAN
Address	3802 ALBACETE CIRCLE
City-State-Zip:	PUNTA GORDA FL 33950

Title	PRESIDENT
Name	AUSTIN, TIM
Address	2880 BRIANT STREET
City-State-Zip:	NORTH PORT FL 34287

Title	SECRETARY
Name	COMPAN, JEAN
Address	578 PORTSIDE DRIVE
City-State-Zip:	NORTH PORT FL 34287

Title	VP
Name	POYANT, ROGER
Address	19505 QUESADA AVENUE UNIT N 102
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	DIRECTOR
Name	HOPPE, ROGER
Address	311 GARVIN STREET UNIT 401 C
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	CLAY, JAMES
Address	601 PORTSIDE DRIVE
City-State-Zip:	NORTH PORT FL 34287

Title	DIRECTOR
Name	HOSTETTER, RON
Address	20771 ATHENIAN LANE
City-State-Zip:	NORTH FORT MYERS FL 33917

*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

03/22/2020

Electronic Signature of Signing Officer/Director Detail

Date