

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732220

**Entity Name:** THE CHARLOTTE PROMENADERS SQUARE DANCE CLUB, INC**Current Principal Place of Business:**3251 WHITE IBIS B-3  
PUNTA GORDA, FL 33950**Current Mailing Address:**3251 WHITE IBIS B-3  
PUNTA GORDA, FL 33950 US**FEI Number:** 59-1645327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSA, GAYLE  
3251 WHITE IBIS B-3  
PUNTA GORDA, FL 33950 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:** GAYLE ROSA

01/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            ROSA, GAYLE  
Address        3251 WHITE IBIS B-3  
City-State-Zip: PUNTA GORDA FL 33950

Title            PRESIDENT  
Name            CLAY, JIM  
Address        601 PORTSIDE DR  
City-State-Zip: NORTH PORT FL 34287

Title            SECRETARY  
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

Title            VP  
Name            MARTIN, ROGER  
Address        19505 QUESADA AVE E-205  
City-State-Zip: PORT CHARLOTTE FL 33948

Title            DIRECTOR  
Name            HARDING, CRIS  
Address        383 HARBOR ISLES DR  
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**

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date