

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000004626

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**9724550066CC**

**Entity Name:** CATCH THE WAVE OF HOPE CHARITABLE ORGANIZATION, INC.

**Current Principal Place of Business:**

C/O WATER POINTE REALTY GROUP  
660 NE OCEAN BLVD  
STUART, FL 34996

**Current Mailing Address:**

P.O. BOX 1409  
PALM CITY, FL 34991 US

**FEI Number: 82-1506411**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WATER POINTE REALTY GROUP  
660 NE OCEAN BLVD  
STUART, FL 34996 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: JANICE NORMAN**

**04/29/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name NORMAN, JANICE  
Address P.O. BOX 1409  
City-State-Zip: PALM CITY FL 34991

Title S  
Name PORFIDIO, JOLINDA  
Address P.O. BOX 1409  
City-State-Zip: PALM CITY FL 34991

Title D  
Name BARLETTA, LYNNE  
Address P.O. BOX 1409  
City-State-Zip: PALM CITY FL 34991

Title VP  
Name BARLETTA, TONY  
Address P.O. BOX 1409  
City-State-Zip: PALM CITY FL 34991

Title TREASURER  
Name LAURINE, KELLY  
Address P.O. BOX 1409  
City-State-Zip: PALM CITY FL 34991

Title OTHER  
Name OSTER, GARY  
Address P.O. BOX 1409  
City-State-Zip: PALM CITY FL 34991

Title VP  
Name LOPES, CANDACE  
Address P.O. BOX 1409  
City-State-Zip: PALM CITY FL 34991

Title OTHER  
Name CORTES, DAVE  
Address P.O. BOX 1409  
City-State-Zip: PALM CITY FL 34991

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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: JANICE NORMAN**

**PRESIDENT**

**04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OTHER  
Name WILLIAMS, DIANE  
Address P.O. BOX 1409  
City-State-Zip: PALM CITY FL 34991