

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90024 050 ****61.25

DOCUMENT # 706116

1. Entity Name

CHARLOTTE PLAYERS INC



Principal Place of Business

1225 TAMiami TRAIL
APT. B11
PT CHARLOTTE FL 33953
US

Mailing Address

P O BOX 494088
PT CHARLOTTE FL 33949
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

23-7087894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIEGLER, LYNNE
157 NE CONCORD
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lynne B. Ziegler

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when re-registering)

2/21/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VALLIERE, PAUL
STREET ADDRESS 17424 CLOVER AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE DS ☐ Delete
NAME RESIGNATO, LORA
STREET ADDRESS 6183 CROMWELL STREET
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE TD ☐ Delete
NAME STUART, DONALD
STREET ADDRESS 22427 DELHI AVE.
CITY-ST-ZIP PORT CHARLOTTE

TITLE D ☒ Delete
NAME HART, JOE
STREET ADDRESS 7257 PLUM TREE
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE DVP ☐ Delete
NAME TAYLOR, HARRY
STREET ADDRESS 21451 DEKALS AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ Delete
NAME KOZENKO, SHARYNN
STREET ADDRESS 2244 HAYWORTH RD
CITY-ST-ZIP PORT CHARLOTTE FL 33952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME CASTRO, JANET
STREET ADDRESS 2925 MAGDOLENA DR
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynne B. Ziegler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06

941-255-1022