2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708137

FILED Jan 14, 2009 Secretary of State

Entity Name: CHARLOTTE HARBOR WATER ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
HARBOU	HLANDS RD R HEIGHTS R HEIGHTS, FL 33983 US			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
HARBOU	HLANDS RD R HEIGHTS R HEIGHTS, FL 33983 US			
FEI Number	r: 59-1155605 FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
2327 BEN	N,PAUL L. IGAL CT FORDA, FL 33983 US			
	e named entity submits this statement for the p e of Florida.	ourpose of changing its register	ed office or registered agent, or both	
SIGNATU				
	Electronic Signature of Registered Age	ent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	S () Delete BRAYTON, PAUL 2327 BENGAL CT PUNTA GORDA, FL 33983	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	TD () Delete AMBERG, DAVID 1923 CITRON ST CHARLOTTE HARBOR, FL 33980 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	AMBERG, DAVID 1923 CITRON ST	Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	AMBERG, DAVID 1923 CITRON ST CHARLOTTE HARBOR, FL 33980 US DVP () Delete CORDIS, CHARLES 3447 MELISSA CT	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	AMBERG, DAVID 1923 CITRON ST CHARLOTTE HARBOR, FL 33980 US DVP () Delete CORDIS, CHARLES 3447 MELISSA CT CHARLOTTE HARBOR, FL 33980 US DP () Delete KOZOMAN, ROBERT 3540 PEACE RIVER DR	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL L. BRAYTON S 01/14/2009