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FILED

Mar 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712761 (6)

1. Corporation Name

CHARLOTTE HARBOR FLOTILLA, INC.



Principal Place of Business

Mailing Address

CHARLOTTE HARBOR FLOTILLA INC
PO BOX 2182
PORT CHARLOTTE FL 33949
USCHARLOTTE HARBOR FLOTILLA INC
PO BOX 2182
PORT CHARLOTTE FL 33949-2182
US3. Date Incorporated or Qualified
05/18/19673a. Date of Last Report
02/29/1996

4. FEI Number

59-6215574

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~ ☐ DELETE
NAME FRANK J. KAVANAGH
STREET ADDRESS 3306 ANTIGUA DR.
CITY-ST-ZIP PUNTA GORDA FL1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME RONALD BARRETT
1.3 STREET ADDRESS 1225 NEAPOLITAN RD.
1.4 CITY-ST-ZIP PUNTA GORDA, FL 33983TITLE ~~PD~~ ☐ DELETE
NAME PHILLIP R. MERRILL
STREET ADDRESS 3936 CROOKED ISLAND
CITY-ST-ZIP PUNTA GORDA FL2.1 TITLE 2VP ☐ Change ☒ Addition
2.2 NAME HERBERT TRAUTMAN
2.3 STREET ADDRESS 2407 RIO DE JANEIRO
2.4 CITY-ST-ZIP PUNTA GORDA, FL 33983TITLE ~~VD~~ ☒ DELETE
NAME SEILER, WILLIAM N.
STREET ADDRESS 1099 ARCHER ST
CITY-ST-ZIP PORT CHARLOTTE FL3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME LORRAINE HAWKINS
3.3 STREET ADDRESS 4152 RIFA CT
3.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33940TITLE SD ☐ DELETE
NAME WIGDERSON, MAURICE B.
STREET ADDRESS 1233 NEAPOLITAN RD
CITY-ST-ZIP PORT CHARLOTTE FL4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME JAMES GUARNETT
4.3 STREET ADDRESS 3905 CROOKED ISLAND DR
4.4 CITY-ST-ZIP PUNTA GORDA, FL 33950TITLE TD ☐ DELETE
NAME ADOMATIS, RICHARD E.
STREET ADDRESS 125 ROSELLE CT
CITY-ST-ZIP PT. CHARLOTTE FL5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME ROBERT SIKULA
5.3 STREET ADDRESS 1732 BOCA RATON CT
5.4 CITY-ST-ZIP PUNTA GORDA, FL 33950TITLE D ☒ DELETE
NAME STROBEL, WILLIAM J.
STREET ADDRESS 1355 RED BIRD
CITY-ST-ZIP PUNTA GORDA FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Adomatis RICHARD ADOMATIS

03-07-97

941
625
8783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 007407

CR2E037 (9/96)