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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	CHARLOTTE HARBOR FLOTILLA INC PO BOX 2182 PORT CHARLOTTE FL 33949 US

3. Date Incorporated or Qualified	05/18/1967
4. FEI Number	59-6215574
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
KAVANAGH, FRANK J. 3306 ANTIGUA DR PUNTA GORDA FL 33950	

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	D	1.1 TITLE	1 V PRES/D
NAME	FRANK J. KAVANAGH	1.2 NAME	JAMES R. BURNETT
STREET ADDRESS	3306 ANTIGUA DR.	1.3 STREET ADDRESS	3905 CROOKED ISLAND DR
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	VPD	2.1 TITLE	D
NAME	PHILLIP R. MERRILL	2.2 NAME	ROBERT SIKULA
STREET ADDRESS	3936 CROOKED ISLAND	2.3 STREET ADDRESS	1732 BOCA RATON CT.
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	VP PRES	3.1 TITLE	D
NAME	BARRETT, RONALD	3.2 NAME	ERLING BAY HANSEN
STREET ADDRESS	1225 NEAPOLITAN RD	3.3 STREET ADDRESS	251 TAFT TERRACE
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	SD	4.1 TITLE	
NAME	WIGDERSON, MAURICE B.	4.2 NAME	
STREET ADDRESS	1233 NEAPOLITAN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	ADOMATIS, RICHARD E.	5.2 NAME	
STREET ADDRESS	125 ROSELLE CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HAWKINS, LORRAINE	6.2 NAME	
STREET ADDRESS	4152 REIF CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP	

14. I 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

2-18-98 941625 8783

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