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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712761

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	CHARLOTTLE HARBOR FLOTILLA INC PO BOX 2182 PORT CHARLOTTE FL 33949 US

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 05/18/1967

4. FEI Number: 59-6215574 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VPD~~	☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	JAMS R BURNETT		1.2 NAME		
STREET ADDRESS	3905 CROOKED ISLAND DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950		1.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	2.1 TITLE	Vice President	☐ Change ☑ Addition
NAME	PHILLIP R. MERRILL		2.2 NAME	William Seiler	
STREET ADDRESS	3936 CROOKED ISLAND		2.3 STREET ADDRESS	1099 Archer St	
CITY-ST-ZIP	PUTA GORDA FL		2.4 CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	P	☐ DELETE	3.1 TITLE	Vice President	☑ Change ☐ Addition
NAME	BARRETT, RONALD		3.2 NAME		
STREET ADDRESS	1225 NEAPOLITAN RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		3.4. CITY-ST-ZIP		
TITLE	SD	☑ DELETE	4.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	WIGDERSON, MAURICE B.		4. 2 NAME	Lorent Z Graber	
STREET ADDRESS	1233 NEAPOLITAN RD		4.3 STREET ADDRESS	1277 Pine Sisken	
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 CITY-ST-ZIP	Punta Gorda FL 33950	
TITLE	TD	☑ DELETE	5.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	ADOMATIS, RICHARD E.		5.2 NAME	Thomas Williams	
STREET ADDRESS	125 ROSELLE CT		5.3 STREET ADDRESS	732 Macedonia Dr.	
CITY-ST-ZIP	PT. CHARLOTTE FL		5.4 CITY-ST-ZIP	Punta Gorda FL 33950	
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
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		

CR2E037 (11/98)

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 with all other like empowered.

SIGNATURE: Thomas Williams SIGNATURE REQUIRED 2/23/99 941 575-9965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #