


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90003 010 ****61.25

DOCUMENT # 712761 1. Entity Name CHARLOTTE HARBOR FLOTILLA, INC.					
Principal Place of Business 1242 WINDWARD CT PUNTA GORDA FL 33950 US			Mailing Address P.O. BOX 494194 PORT CHARLOTTE FL 33949 US		
2. Principal Place of Business 1242 WINDWARD CT.		3. Mailing Address PO BOX 494194			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PUNTA GORDA		City & State PORT CHARLOTTE, FL.		4. FEI Number 59-6215574	
Zip 33950		Country CHARLOTTE		Applied For <input type="checkbox"/> Not Applicable	
Zip 33950		Country CHARLOTTE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUG, HARRY 21307 PERCY PORT CHARLOTTE FL 33952				7. Name and Address of New Registered Agent Name MARCUZZO, PAUL Street Address (P.O. Box Number is Not Acceptable) 1339 OSPREY DR. PUNTA GORDA City FL Zip Code 33950	
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 HARRY KRUG, D. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDBERG, THELMA 1242 WINDWARD CT PUNTA GORDA FL 33950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRILL, PHILLIP 3936 CROOKED ISLAND DR PUNTA GORDA FL 33950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRUG, HARRY 21307 PERCY PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. KRUG, HARRY 21307 PERCY PORT CHARLOTTE, FL. 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARCUZZO, PAUL 1339 OSPREY DR PUNTA GORDA FL 33950 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MARCUZZO, PAUL 1339 OSPREY DR. PUNTA GORDA, FL. 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WITHROW, GEORGE 2224 PALM TREE DR. PUNTA GORDA, FL. 33950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SMITH, EDMUND 3700 SPOONBILL CT. PUNTA GORDA, FL. 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NEMAZIE STEVE 3306 MARSALA CT. PUNTA GORDA, FL. 33950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. KAVANAUGH, FRANK 3306 ANTIGUA DR. PUNTA GORDA, FL. 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: Thelma Lindberg THELMA LINDBERG <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6/14/04 941-639-3754 <small>Date Daytime Phone #</small>		