

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90388 020 ****61.25

DOCUMENT # 712761

1. Entity Name

CHARLOTTE HARBOR FLOTILLA, INC.



Principal Place of Business

Mailing Address

1242 WINDWARD CT
PUNTA GORDA FL 33950
US

WINWARD CT

P.O. BOX 494194
PORT CHARLOTTE FL 33949
US



2. Principal Place of Business - No P.O. Box #

2001 SHREVE ST.

3. Mailing Address

2001 SHREVE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA

City & State

PUNTA GORDA

4. FEI Number

59-6215574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COUNTER, FREDERICK
957 VIA FORMIA
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name JOHN EHMANN

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

18233 WOLBRETTE CR.

City PORT CHARLOTTE,

FL

Zip Code

33948

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 JOHN EHMANN

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4/19/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE TD
NAME LINDBERG, THELMA LINDBERG
STREET ADDRESS 1242 WINDWARD CT.
CITY- ST- ZIP PUNTA GORDA FL 33950 ☐ Delete

TITLE VP
NAME EHMANN, JOHN
STREET ADDRESS 18233 WOLBRETTE CR.
CITY- ST- ZIP PORT CHARLOTTE FL 33948 ☒ Delete

TITLE D
NAME HERBERT, HANSON
STREET ADDRESS 335 WEBER TERR
CITY- ST- ZIP PORT CHARLOTTE FL 33952-8351 ☐ Delete

TITLE P
NAME COUNTER, P F
STREET ADDRESS 937 VIA FORMIA
CITY- ST- ZIP PUNTA GORDA FL 33950 ☒ Delete

TITLE D
NAME RHEA, ALBERT
STREET ADDRESS 3991 YEAGER ST.
CITY- ST- ZIP PORT CHARLOTTE FL 33954 ☐ Delete

TITLE D
NAME KAVANAUGH, FRANK
STREET ADDRESS 3306 ANTIGUA DRIVE
CITY- ST- ZIP PUNTA GORDA FL 33950 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME JOHN EHMANN
STREET ADDRESS 18233 WOLBRETTE CR.
CITY- ST- ZIP PORT CHARLOTTE, FL. 33948 ☒ Change ☐ Addition

TITLE VP
NAME KATHRINE TAYLOR
STREET ADDRESS 4582 FALLON CR.
CITY- ST- ZIP PORT CHARLOTTE, FL. 33952 ☐ Change ☐ Addition

TITLE S
NAME FRED COUNTER
STREET ADDRESS 937 VIA FORMIA
CITY- ST- ZIP PUNTA GORDA, FL. 33950 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 TD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07 941-639-3754

Date

Daytime Phone #