2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90020 034 ****61.25

DOCUMENT # 712761

1. Entity Name
CHARLOTTE HARBOR FLOTILLA, INC.

Principal Place of Business	Mailing Address
2001 ~~SHRECE~~ ST SHREVE PUNTA GORDA, FL 33950 US	2001 ~~SHRECE~~ ST SHREVE PUNTA GORDA, FL 33950 US

01202008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
EHMANN, JOHN 18233 WOLBRETTE CR PORT CHARLOTTE, FL 33948	Name David L. Crockwell Street Address (P.O. Box Number is Not Acceptable) 18559 Van Nuys Cir. Pt. Charlotte, Fl. City 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 DAVID CROCKWELL PRES. 3/20/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVID CROCKWELL 18559 VAN NUYS CIRCLE PT. CHARLOTTE, FL. 33948	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EHMANN, JOHN 18233 WOLBRETTE CR. PORT CHARLOTTE, FL 33948	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOHN GHOUGASION 399 BAL HARBOR DR. PUNTA GORDA, FL. 33950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERBERT, HANSON 335 WEBER TERR PORT CHARLOTTE, FL 339528351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAM HURLEY 14483 KEENE AVE PT. CHARLOTTE, FL. 33953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ D COUNTER, FRED 937 VIA FORMIA PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. CHARLES CARL 1424 CARSWELL ST. PT. CHARLOTTE FL. 33953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RHEA, ALBERT 3991 YEAGER ST. PORT CHARLOTTE, FL 33954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. KATE TAYLOR 4582 FALLON CIR. PT. CHARLOTTE, FL. 33948	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAVANAUGH, FRANK 3306 ANTIGUA DRIVE PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL LE BLANC 2304 PELLAM BLVD. PORT CHARLOTTE, FL. 33948	☐ Change ☒ Addition

12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 THELMA LINDBERG 3/20/08 941-639-3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #