

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720786

FILED
Jan 30, 2009
Secretary of State

Entity Name: CHARLOTTE SHORES ONE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5090 GENESEE PKWY
BOKEELIA, FL 33922 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 320
BOKEELIA, FL 33922 US

New Mailing Address:

FEI Number: 59-1823244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCULLOUGH, SALLYE E
5090 GENESEE PKWY
BOKEELIA, FL 33922 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALBREATH, THOMAS
Address: 5795 GENESEE PKWY. #4
City-St-Zip: BOKEELIA, FL 33922

Title: VP () Delete
Name: DUNLAP, JOE
Address: 5259 GENESEE PKWY
City-St-Zip: BOKEELIA, FL 33922

Title: S () Delete
Name: DAVIS, GEORGE
Address: 5748 LINDEN LANE
City-St-Zip: BOKEELIA, FL 33922

Title: T () Delete
Name: WITTER, JOAN
Address: 11352 FLINT LANE
City-St-Zip: BOKEELIA, FL 33922

Title: P () Delete
Name: MCCULLOUGH, SALLYE E
Address: 5090 GENESEE PKWY.
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: DEVANE, HOWARD
Address: 5067 GENESEE PKWY
City-St-Zip: BOKEELIA, FL 33922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BOYD, NANCY
Address: 5115 GENESEE PKWY
City-St-Zip: BOKEELIA, FL 33922

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLYE E. MCCULLOUGH

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date