

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

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90015 034 ****61.25

DOCUMENT # 732874

1. Entity Name

**PALMETTO MOBILE HOME PARK CIVIC ASSOCIATION
OF CHARLOTTE HARBOR, INC.**



Principal Place of Business

4135 KINGS HWY.
STE 22
PORT CHARLOTTE FL 33980
US

Mailing Address

4135 KINGS HWY.
STE 22
PORT CHARLOTTE FL 33980
US

54018517



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0083453

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BAUER, JAMES E
4135 KINGS HWY
LOT #75
PORT CHARLOTTE FL 33980**

Name **Poudrier, Donnie**

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

4135 KINGS HWY

#22

City

Port CHARLOTTE

FL

Zip Code

33980

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

Donnie Poudrier (Donnie Poudrier)

2/25/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **PD** ☒ Delete
NAME **BAUER, JAMES E**
STREET ADDRESS **4135 KINGS HIGHWAY #75**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **PD** ☒ Change ☐ Addition
NAME **Poudrier, Donnie**
STREET ADDRESS **4135 KINGS HWY #22**
CITY-ST-ZIP **PT. CHARLOTTE, FL 33980**

TITLE **D** ☐ Delete
NAME **THODE, NANETTE**
STREET ADDRESS **4135 KINGS HIGHWAY #2**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **D** ☒ Change ☐ Addition
NAME **THODE, NANETTE**
STREET ADDRESS **4135 KINGS HWY #2**
CITY-ST-ZIP **PT. CHARLOTTE, FL 33980**

TITLE **VD** ☐ Delete
NAME **COUTERMARSH, MARY LOU**
STREET ADDRESS **4135 KINGS HIGHWAY #126**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **VD** ☒ Change ☐ Addition
NAME **ED DODD**
STREET ADDRESS **4135 KINGS HWY #117**
CITY-ST-ZIP **PT. CHARLOTTE, FL 33980**

TITLE **SD** ☐ Delete
NAME **FISHER, JUNE**
STREET ADDRESS **4135 KINGS HIGHWAY #119**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **SD** ☒ Change ☐ Addition
NAME **SINCE, SUTREY**
STREET ADDRESS **4135 KINGS HWY #100**
CITY-ST-ZIP **PT. CHARLOTTE, FL 33980**

TITLE **TD** ☐ Delete
NAME **POUDRIER, DONNIE**
STREET ADDRESS **4135 KINGS HIGHWAY #22**
CITY-ST-ZIP **PT. CHARLOTTE FL 33980**

TITLE **TD** ☒ Change ☐ Addition
NAME **DUBOIS, ED**
STREET ADDRESS **4135 KINGS HWY #117**
CITY-ST-ZIP **PT. CHARLOTTE, FL 33980**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **BAUER, JAMES E**
STREET ADDRESS **4135 KINGS HWY #75**
CITY-ST-ZIP **PT. CHARLOTTE, FL 33980**

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: Donnie Poudrier (Donnie Poudrier)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04 941-625-2172

Date

Daytime Phone #