

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra Morton

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 MAR 21 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A29834

CHARLOTTE HARBOR DRIVE LIMITED PARTNERSHIP

Mailing Address

C/O CHARLES L. SARGENT
3774 CRACKER WAY
BONITA SPRINGS FL 33923

Principal Office Address

8175 MAIN STREET
BOKEELIA FL 33922

3. Date Formed or Registered

03/20/1990

5a. Capital Contributions as
Shown on record.

\$52,000.00

3a. Date of Last Report

12/04/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

65-0223640

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

~~BOYLE, CHARLES T~~
~~115 W. OLYMPIA AVENUE~~
~~PUNTA GORDA FL 33950~~

Name

CLIFTON A. SYMONDS

Street Address (Do NOT Use Post Office Box Numbers)

915 BELVILLE BLVD.

Suite, Apt. #, etc.

City

NAPLES

FL

Zip Code

34104

10. If changed, new Registered Agent/Office

FF #502.75
Cold #

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Clifton A. Symonds

DATE 1-17-92

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

CHARLOTTE HARBOR DRIVE, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

8175 MAIN STREET

11b. City, State & Zip Code

BOKEELIA FL 33922

11c. Registration/
Document Number

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*****502.75 *****502.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Clifton A. Symonds

DATE 12/18/96