FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 26 1996 8:00 am
Secretary of State

DOCUMENT # **F04399** **(4)**

1. Corporation Name

CHARLOTTE RACQUET CLUB, INC.

Principal Place of Business	Mailing Address
LOVELAND BLVD. P.O. BOX 2897 PORT CHARLOTTE FL 33949-2897	LOVELAND BLVD. P.O. BOX 2897 PORT CHARLOTTE FL 33949-2897

3. Date Incorporated or Qualified: **11/05/1980**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business
21 Street Address: 3250 Loveland Blvd.
22 Suite, Apt. #, etc.:
23 City & State: Port Charlotte, Fl.
24 Zip: 33980 25 Country: Charlotte

2a. Mailing Address
26 Street Address: P. O. Box 2897
27 Suite, Apt. #, etc.: Port Charlotte, Fl.
28 City & State:
29 Zip: 33949 30 Country: Charlotte

4. FEI Number: **59-2070784** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELEONORE, INGRID, CZYZ
2000 FOREST NELSON #B2
33952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of new registered agent required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CZYZ, ELEANOR		12 NAME	Same as left.
STREET ADDRESS	2000 FOREST NELSON #B2		13 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000		14 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	RAICES, RICHARD		22 NAME	Same as left
STREET ADDRESS	679 IVANHOE ST.		23 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CZYZ, PHILIP		32 NAME	Same as left
STREET ADDRESS	21178 OLEAN BLVD. A		33 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. 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 further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eleonore I. Czyz 1-20-96 941-629-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #