

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90092 050 ****61.25

DOCUMENT # N00000005323

1. Entity Name
CHARLOTTE COUNTY OPEN, INC.



Principal Place of Business
23170 HARBORVIEW ROAD
CHARLOTTE HARBOR, FL 33980

Mailing Address
23170 HARBORVIEW ROAD
CHARLOTTE HARBOR, FL 33980

40033425



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1031477

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

GLEASON, BRIAN
23170 HARBORVIEW ROAD
CHARLOTTE HARBOR, FL 33980

Name

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

City

FL

Zip Code

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

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, 2007

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
NAME GLEASON, BRIAN
STREET ADDRESS 23170 HARBORVIEW ROAD
CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME EDELEN, CATHY
STREET ADDRESS 100 ROTONDA CIRCLE
CITY-ST-ZIP PLACIDA, FL 33947 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME FINERAN, JOHN
STREET ADDRESS 23170 HARBORVIEW ROAD
CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME WRIGHT, DEBRA
STREET ADDRESS 2000 TAMiami TRAIL, STE 206
CITY-ST-ZIP PT. CHARLOTTE, FL 33948 ☒ Delete

TITLE TD
NAME MIKE BURTON
STREET ADDRESS 4100 RIVERWOOD DRIVE
CITY-ST-ZIP PONT CHARLOTTE FL 33980 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Michael Burton Michael Burton TD 3/8/07 (941)624-6204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #