2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N00000005323

Entity Name: CHARLOTTE COUNTY OPEN, INC.

Current Principal Place of Business:

23170 HARBORVIEW ROAD
CHARLOTTE HARBOR, FL 33980

New Principal Place of Business:

Current Mailing Address:

23170 HARBORVIEW ROAD
CHARLOTTE HARBOR, FL 33980

New Mailing Address:

FEI Number: 65-1031477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLEASON, BRIAN
23170 HARBORVIEW ROAD
CHARLOTTE HARBOR, FL 33980 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:	PD	( ) Delete
Name:	GLEASON, BRIAN	
Address:	23170 HARBORVIEW ROAD	
City-St-Zip:	CHARLOTTE HARBOR, FL 33980	
Title:	VPD	( ) Delete
Name:	EDELEN, CATHY	
Address:	100 ROTONDA CIRCLE	
City-St-Zip:	PLACIDA, FL 33947	
Title:	SD	( ) Delete
Name:	FINERAN, JOHN	
Address:	23170 HARBORVIEW ROAD	
City-St-Zip:	CHARLOTTE HARBOR, FL 33980	
Title:	TD	( ) Delete
Name:	BURTON, MIKE	
Address:	4100 RIVERWOOD DRIVE	
City-St-Zip:	PORT CHARLOTTE, FL 33980	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MIKE BURTON TD 03/03/2009

Electronic Signature of Signing Officer or Director — Date