

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90045 046 \*\*\*\*61.25

**DOCUMENT # N02000001129**

**1. Entity Name**  
THE EXECUTIVE NETWORK OF CHARLOTTE COUNTY,  
INC.



**Principal Place of Business**  
P.O. BOX 495182  
PORT CHARLOTTE, FL 33949-5182

**Mailing Address**  
P.O. BOX 495182  
PORT CHARLOTTE, FL 33949-5182

**40007355**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

**4. FEI Number**  
65-1152262

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**

PLATZER, KIM  
4606 FALLON CIRCLE  
PORT CHARLOTTE, FL 33948

Name **BURKART, ROBERT**  
Street Address (P.O. Box Number is Not Acceptable)  
**5271 WHITE IBIS DR.**  
City **NORTH PORT** FL Zip Code **34287**

**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, 2005**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PLATZER, KIM  
4606 FALLON CIRCLE  
PORT CHARLOTTE, FL 33948 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BURKART, ROBERT  
5271 WHITE IBIS DR.  
NORTH PORT, FL 34287 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WELCHMAN, LUCILLE  
1825 TAMiami TRAIL UNIT B3  
PORT CHARLOTTE, FL 33948 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BOLLIVEAU, MARALYN  
20020 VETERANS BLVD #25  
PORT CHARLOTTE, FL 33954 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
MURPHY, DANIEL L  
4022 BEAVER LANE 200C  
PORT CHARLOTTE, FL 33952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
GRILLO, PHYLLIS  
2103 HYATT DR  
PORT CHARLOTTE, FL 33948 ☒ 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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

**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:** *Robert W. Burkart* **ROBERT W. BURKART** **1/21/05** **941-661-0603**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #