

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90191 012 \*\*\*\*70.00

DOCUMENT # *N02000006495*

1. Entity Name  
*CHARLOT community Enterprise Inc*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*3540 S.W 3rd St*

3. Mailing Address  
*3540 S.W 3rd St*

Suite, Apt. #, etc.  
*Fort Lauderdale*

Suite, Apt. #, etc.  
*Fort Lauderdale*

City & State  
*FLORIDA*

City & State  
*Florida*

Zip  
*33312*

Country  
*Broward*

Zip  
*33312*

Country  
*Broward*

4. FEI Number  
*51-0426817*

Applied For  
Not Applicable

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

CR2E037B (8/05)

*40079365*

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

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 *Barbara Bernard Shaw* *BARBARA BERNARD-SHAW* *Apr. 2006*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25**  
**Initial or Amended AR**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Barbara Bernard Shaw PD*  
*3540 S.W 3rd Street*  
*Ft Lauderdale FL 33312*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D Mari Blumstein*  
*3200 Huntington Street*  
*Reston FL 33322*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D Stephen Campbell DR.*  
*2000 Davie Dr.*  
*Davie FL 33323*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D Ava C. Douglas*  
*3212 104th Av.*  
*Sunrise FL 33351*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Alice M. Parker*  
*2650 Greenwood Terrace*  
*Poca FL 33*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*LECHARD Lyke-Shaw*  
*3540 S.W 3rd St*  
*Fort land FL 33312*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Bernard Shaw* *BARBARA Bernard-Shaw* *April 2006*  
*954 557-9013*