

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90016 041 \*\*\*\*61.25

**DOCUMENT # N03000001176**

1. Entity Name  
**CHARLES COURT HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**325 4TH AVENUE S.  
ST. PETERSBURG, FL 33701**

Mailing Address  
**325 4TH AVENUE S.  
ST. PETERSBURG, FL 33701**

**50004884**



2. Principal Place of Business

3. Mailing Address  
**250 104<sup>TH</sup> AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042006 Chg-NP CR2E037 (11/05)

City & State

City & State  
**TREASURE ISLAND FL**

4. FEI Number **01-0772041**  
~~NOT APPLICABLE~~

Applied For -  
Not Applicable

Zip Country

Zip Country  
**33706-4846 USA**

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

6. Name and Address of Current Registered Agent

**RAHDERT, GEORGE K.  
535 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name **DENNIS DELOACH III**  
Street Address (P.O. Box Number is Not Acceptable)  
**355 4TH AVE. SOUTH**  
City **ST. PETERSBURG** FL Zip Code **33701**

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, 2006**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **DELOACH, REP**  
CITY-ST-ZIP **325 4TH AVENUE S.  
ST. PETERSBURG, FL 33701**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CLEMENT, MATT**  
CITY-ST-ZIP **325 4TH AVENUE S.  
ST. PETERSBURG, FL 33701**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BAUER, MICHELLE**  
CITY-ST-ZIP **325 4TH AVENUE S.  
ST. PETERSBURG, FL 33701**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **WEBB, DOROTHY**  
CITY-ST-ZIP **325 4TH AVENUE S.  
ST. PETERSBURG, FL 33701**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/06**

Date

**727-397-5571**

Daytime Phone #