



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90034 020 ****61.25

DOCUMENT # N06000005581 1. Entity Name CHARLOTTE HARBOR PADDLERS, INC.					
Principal Place of Business 1060 MATECUMBE KEY RD PUNTA GORDA, FL 33955				Mailing Address 1060 MATECUMBE KEY RD PUNTA GORDA, FL 33955	
2. Principal Place of Business - No P.O. Box # 3863 CAPE COLE BLVD		3. Mailing Address 3863 CAPE COLE BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01212008 Chg-NP CR2E037 (12/06)	
City & State PUNTA GORDA, FL		City & State PUNTA GORDA, FL		4. FEI Number 20-4948098	
Zip 33955		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GETZ, JAMES R 1060 MATECUMBE KEY RD PUNTA GORDA, FL 33955				7. Name and Address of New Registered Agent Name DAVID B. BIRD Street Address (P.O. Box Number is Not Acceptable) 3863 CAPE COLE BLVD City PUNTA GORDA FL Zip Code 33955	
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 <u><i>David B. Bird</i></u> DATE <u>21 JAN. 08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BRAZEAU, ROBERT D <input type="checkbox"/> Delete 3440 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete BOTTEL, ROBERT D 4960 LINKSIDE DR PUNTA GORDA, FL 33955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BOTTEL, ROBERT D 4960 LINKSIDE DR PUNTA GORDA, FL 33955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete GETZ, JAMES R 1060 MATECUMBE KEY RD PUNTA GORDA, FL 33955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID B. BIRD <input type="checkbox"/> Delete 3863 CAPE COLE BLVD PUNTA GORDA, FL 33955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>David B. Bird</i></u> DAVID B. BIRD 21 JAN 08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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