


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90241 022 ****61.25

DOCUMENT # N17920 1. Entity Name CHARLOTTE HARBOR SCHOOL EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business C/O RON CARMANY 22450 HANCOCK AVENUE CHARLOTTE HARBOR FL 33980 US			Mailing Address C/O RON CARMANY 22450 HANCOCK AVENUE CHARLOTTE HARBOR FL 33980 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2758814				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARMANY, RON 22450 HANCOCK AVENUE CHARLOTTE HARBOR FL 33980			Name WATTS, MAUREEN		
			Street Address (P.O. Box Number is Not Acceptable) 22450 HANCOCK AVE		
			City CHARLOTTE HARBOR FL		
			Zip Code 33980		
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 <i>Maureen Watts</i> Signature, typed or printed name of registered agent and title if applicable		MAUREEN WATTS (NOTE: Registered Agent signature required when reinstating)		3/6/06 DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	PD HILE, CATHERINE 2308 MAURITANIA RD PUNTA GORDA FL 33983	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEHEW, CHERYL 4944 BRONCO RD PUNTA GORDA FL 33982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICKER, GAIL 487 CARTEGENA ST PORT CHARLOTTE FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCBRIDE, KAREN 4490 GRASSY POINT BLVD PT. CHARLOTTE FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SHARRON 2272 GIMLET ST. PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNGOVAN, ROBERT 2470 PEBBLE CREEK PLACE PORT CHARLOTTE FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTINA LERCH 22397 QUASAR BLVD PORT CHARLOTTE, FL. 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAROLYN FOSTER 7557 OXWOOD ST NORTHPORT, FL. 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 Section 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: *Cheryl Leheew* **CHERYL LEHEW** **3/6/06** **941-255-7440x3143**