


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90016 034 ****61.25

DOCUMENT # N17920		
1. Entity Name CHARLOTTE HARBOR SCHOOL EDUCATIONAL FOUNDATION, INC.		

Principal Place of Business C/O RON CARMANY MAUREEN WATTS 22450 HANCOCK AVENUE CHARLOTTE HARBOR, FL 33980 US	Mailing Address C/O RON CARMANY MAUREEN WATTS 22450 HANCOCK AVENUE CHARLOTTE HARBOR, FL 33980 US
---	---

40069555



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2758814	Applied For 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	
WATTS, MAUREEN 22450 HANCOCK AVENUE CHARLOTTE HARBOR, FL 33980		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 <u>Maureen Watts</u>	<u>MAUREEN WATTS</u>	<u>April 14, 2008</u>
Signature, typed or printed name of registered agent and title if applicable.		DATE

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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, KIM	NAME	
STREET ADDRESS	555 CORTO ANDRA ST	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHEW, CHERYL	NAME	
STREET ADDRESS	4944 BRONCO RD	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, CAROLYN	NAME	
STREET ADDRESS	7557 OXWOOD ST	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT, FL 34287	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, KAREN	NAME	
STREET ADDRESS	4490 GRASSY POINT BLVD	STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SHARRON	NAME	
STREET ADDRESS	2272 GIMLET ST.	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNGOVAN, ROBERT	NAME	
STREET ADDRESS	2470 PEBBLE CREEK PLACE	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL	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: <u>Cheryl A. Leheew</u>	<u>CHERYL A. LEHEW</u>	<u>April 14, 2008</u>	<u>941-255-7440</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #