

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17920

FILED
Jun 01, 2009
Secretary of State

Entity Name: CHARLOTTE HARBOR SCHOOL EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

C/O RON CARMANY
22450 HANCOCK AVENUE
CHARLOTTE HARBOR, FL 33980 US

New Principal Place of Business:

C/O MAUREEN WATTS
22450 HANCOCK AVENUE
CHARLOTTE HARBOR, FL 33980 US

Current Mailing Address:

C/O RON CARMANY
22450 HANCOCK AVENUE
CHARLOTTE HARBOR, FL 33980 US

New Mailing Address:

C/O MAUREEN WATTS
22450 HANCOCK AVENUE
CHARLOTTE HARBOR, FL 33980 US

FEI Number: 59-2758814 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WATTS, MAUREEN
22450 HANCOCK AVENUE
CHARLOTTE HARBOR, FL 33980 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENRY, KIM
Address: 555 CORTO ANDRA ST
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD () Delete
Name: LEHEW, CHERYL
Address: 4944 BRONCO RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: SD () Delete
Name: FOSTER, CAROLYN
Address: 7557 OXWOOD ST
City-St-Zip: NORTH PORT, FL 34287

Title: VD () Delete
Name: MCBRIDE, KAREN
Address: 4490 GRASSY POINT BLVD
City-St-Zip: PT. CHARLOTTE, FL

Title: D () Delete
Name: WILLIAMS, SHARRON
Address: 2272 GIMLET ST.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: MUNGOVAN, ROBERT
Address: 2470 PEBBLE CREEK PLACE
City-St-Zip: PORT CHARLOTTE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, SHARRON
Address: 22450 HANCOCK AVE.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: TD (X) Change () Addition
Name: LEHEW, CHERYL
Address: 22450 HANCOCK AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: SD (X) Change () Addition
Name: FOSTER, CAROLYN
Address: 22450 HANCOCK AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VD (X) Change () Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, NO NONE

Title: D (X) Change () Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, NO NONE

Title: D (X) Change () Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, NO NONE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL LEHEW

TD

06/01/2009

Electronic Signature of Signing Officer or Director

Date