

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N25066

1. Entity Name
CHARLOTTE SAILING ASSOCIATION, INC.



FILED
Jan 09, 2004 08:00 AM
Secretary of State

Principal Place of Business
23555 MULLINS AVE
PORT CHARLOTTE, FL 33954 US

Mailing Address
23555 MULLINS AVE
PORT CHARLOTTE, FL 33954 US



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLASSPOOL, WALTER O
23355 MULLINS AVE
PORT CHARLOTTE, FL 33954

**DO NOT WRITE
IN THIS SPACE**

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 recertifying)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CURTIS, WILLIAM
STREET ADDRESS 18173 OHARA
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE VPD
NAME TASCHUK, DARIA
STREET ADDRESS 22362 ADORN AVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE STD
NAME GLASSPOOL, WALTER O
STREET ADDRESS 23355 MULLINS AVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE D
NAME ATKINSON, DAVID
STREET ADDRESS 2307 ST DAVIDS ISALND CT
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D
NAME STEVENS, JAMES
STREET ADDRESS 25189 ZODIAC LANE
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE D
NAME TRIMMER, GARY
STREET ADDRESS 226 TATE TERRACE
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

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IN THIS SPACE**

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01/12/04-80021-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #