FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30912 (2)

1. Corporation Name

CHARLOTTE HARBOR RESORT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O R. B. BURANDT, ESQ 1714 CAPE CORAL PARKWAY CAPE CORAL FL 33904 US	C/O R.B. BURANDT, ESQ 1714 CAPE CORAL PARKWAY CAPE CORAL FL 33922 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1989
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0183732 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BURANDT, ROBERT B ESQ.
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAFTON, AL	1.2 NAME	
STREET ADDRESS	16A NAUTILAS WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	☒ Change ☐ Addition
NAME	WELSH, MARTHA	2.2 NAME	DT MASON, GEORGE E
STREET ADDRESS	72 SEA TROUT	2.3 STREET ADDRESS	(NEW) 79 SNOOK PASS
CITY-ST-ZIP	BOKEELIA FL	2.4 CITY-ST-ZIP	BOKEELIA FL 33922
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	HERNLY, SHIRLEY	3.2 NAME	
STREET ADDRESS	28 SNOOK PASS	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	SZABO, HELEN	4.2 NAME	
STREET ADDRESS	15 NAUTILAS WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	☒ Change ☐ Addition
NAME	RUNKLE, KENNETH	5.2 NAME	DC BRITT, JEAN
STREET ADDRESS	7 NAUTILAS WAY	5.3 STREET ADDRESS	51 HARBOR LIGHTS
CITY-ST-ZIP	BOKEELIA FL	5.4 CITY-ST-ZIP	BOKEELIA FL. 33922
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley Hernly SHIRLEY HERNLY 4/12/95 813-283-1706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000008