

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N30912 (2)

1. Corporation Name
CHARLOTTE HARBOR RESORT HOMEOWNERS ASSOCIATION, INC.

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



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

3. Date Incorporated or Qualified 02/28/1989	3a. Date of Last Report 01/31/1996
4. FEI Number 65-0183732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BURANDT, ROBERT B ESO.
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	GRAFTON, AL	
STREET ADDRESS	16A NAUTILAS WAY	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MASON, GEORGE E	
STREET ADDRESS	79 SNOOK PASS	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HERNLY, SHIRLEY	
STREET ADDRESS	28 SNOOK PASS	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SZABO, HELEN	
STREET ADDRESS	15 NAUTILAS WAY	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAUDERDALE, MERCEDES	
STREET ADDRESS	68 HARBOR LIGHTS	
CITY-ST-ZIP	BOKEELIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAULINE PIETRYKOWSKI	
1.3 STREET ADDRESS	45 SNOOK PASS	
1.4 CITY-ST-ZIP	BOKEELIA FLA	
2.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DALE STARKEY	
2.3 STREET ADDRESS	33 SNOOK PASS	
2.4 CITY-ST-ZIP	BOKEELIA FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: **Helen A Szabo** **3-18-97** **SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (9/96)