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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McRham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30912** (2)

1. Corporation Name

CHARLOTTE HARBOR RESORT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O R. B. BURANDT, ESO
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904
US

C/O R.B. BURANDT, ESO
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33922
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/28/1989

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☒ DELETE

NAME PIETRYKOSKI, PAULINE
STREET ADDRESS 45 SNOOK PASS
CITY-ST-ZIP BOKEELIA FL

TITLE DT ☒ DELETE

NAME STARKEY, DALE
STREET ADDRESS 33 SNOOK PASS
CITY-ST-ZIP BOKEELIA FL

TITLE DP ☒ DELETE

NAME HERNLY, SHIRLEY
STREET ADDRESS 28 SNOOK PASS
CITY-ST-ZIP BOKEELIA FL

TITLE DS ☐ DELETE

NAME SZABO, HELEN
STREET ADDRESS 15 NAUTILAS WAY
CITY-ST-ZIP BOKEELIA FL

TITLE D ☒ DELETE

NAME LAUDERDALE, MERCEDES
STREET ADDRESS 68 HARBOR LIGHTS
CITY-ST-ZIP BOKEELIA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE LVP ☒ Change ☐ Addition

1.2 NAME NORMA LANE
1.3 STREET ADDRESS PO BOX 366 27 SNOOK PASS
1.4 CITY-ST-ZIP BOKEELIA FL 33922

2.1 TITLE DT ☒ Change ☐ Addition

2.2 NAME FAYE HULL
2.3 STREET ADDRESS PO BOX 368 30 HARBOUR LIGHT COURT
2.4 CITY-ST-ZIP BOKEELIA FL 33922

3.1 TITLE DP ☒ Change ☐ Addition

3.2 NAME GEORGE MASON
3.3 STREET ADDRESS PO BOX 14 40 A SNOOK PASS
3.4 CITY-ST-ZIP BOKEELIA FL 33922

4.1 TITLE DS ☐ Change ☐ Addition

4.2 NAME SAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME DORIS GUSTAFSON
5.3 STREET ADDRESS PO BOX 361 25 NAUTILAS WAY
5.4 CITY-ST-ZIP BOKEELIA FL 33922

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

GEORGE E. MASON PRES. (DP) February 26, 1998 (94)283-7447

CR2E037 (10/97)