

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30912

1. Entity Name

CHARLOTTE HARBOR RESORT HOMEOWNERS ASSOCIATION,

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0183732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☐ Delete
NAME STARKEY, BILL
STREET ADDRESS 49 SNOOK PASS
CITY-ST-ZIP BOKEELIA FL 33922

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME BLACK, SHEILA
STREET ADDRESS 58 HARBOR LITES
CITY-ST-ZIP BOKEELIA FL 33922

TITLE ☐ Change ☒ Addition
NAME VPD
STREET ADDRESS MARILYN STARKEY
CITY-ST-ZIP 33 SNOOK PASS
BOKEELIA FL 33922

TITLE SEC ☐ Delete
NAME SZABO, HELEN
STREET ADDRESS 15 NAUTILUS
CITY-ST-ZIP BOKEELIA FL 33922

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME STARKEY, GARNET
STREET ADDRESS 49 SNOOK PASS
CITY-ST-ZIP BOKEELIA FL 33922

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KELLER, CHARLES
STREET ADDRESS 41 SNOOK PASS
CITY-ST-ZIP BOKEELIA FL 33922

TITLE ☒ Change ☐ Addition
NAME DORIS GUSTESON
STREET ADDRESS 25 NAUTILUS WAY
CITY-ST-ZIP BOKEELIA, FL 33922

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90025 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)