

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30912

1. Entity Name

CHARLOTTE HARBOR RESORT HOMEOWNERS ASSOCIATION,

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

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0183732

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME D  
 STREET ADDRESS DORIS GUSTESON  
 CITY-ST-ZIP 25 NAUTILUS WAY  
 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 of Bill Starkey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/00  
 Date

941-283-9854  
 Daytime Phone #

CR2E037 (9/99)