

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37189

(0)

1. Corporation Name

CHARLOTTE HARBORWATCH INC.



Principal Place of Business

Mailing Address

HAROLD R DEJAGER
2101 BAYOU ROAD
PUNTA GORDA FL 33950

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2101 BAYOU ROAD
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified
03/21/1990

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0191261

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEJAGER, HAROLD R
2101 BAYOU ROAD
PUNTA GORDA FL 33950

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☐ DELETE
NAME CAMERON, DONALD
STREET ADDRESS 34951 WASHINGTON LOOP RD
CITY-ST-ZIP PUNTA GORDA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME FLANDERS, JEFFERSON
STREET ADDRESS 131 SEVILLE PALCE
CITY-ST-ZIP PT CHARLOTTE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME VPD
2.3 STREET ADDRESS Joe Spadafora
2.4 CITY-ST-ZIP 18553 Klinger Circle
Port Charlotte, FL 33948

TITLE SD ☐ DELETE
NAME LYNCH, ROBERT
STREET ADDRESS 245 LIDO DRIVE
CITY-ST-ZIP PUNTA GORDA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME DEJAGER, HAROLD R
STREET ADDRESS 2101 BAYOU ROAD
CITY-ST-ZIP PUNTA GORDA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME STARR, BRENDA
STREET ADDRESS 6125 MCKEE ST
CITY-ST-ZIP PORT CHARLOTTE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Harold R DeJager
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

04-08-96

Daytime Phone #

941-639-8443

CR2E037 (12/95)