

**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**

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** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

4. FEI Number **65-0191261** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip 25 Country 28 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 25 29 30

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMERON, DONALD</b>	
STREET ADDRESS	<b>34951 WASHINGTON LOOP RD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLANDERS, JEFFERSON</b>	
STREET ADDRESS	<b>131 SEVILLE PALCE</b>	
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LYNCH, ROBERT</b>	
STREET ADDRESS	<b>245 LIDO DRIVE</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEJAGER, HAROLD R</b>	
STREET ADDRESS	<b>2101 BAYOU ROAD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>STARR, BRENDA</b>	
STREET ADDRESS	<b>6125 MCKEE ST</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VPD</b>
2.3 STREET ADDRESS	<b>Joe Spadafora</b>
2.4 CITY-ST-ZIP	<b>18553 Klinger Circle</b>
	<b>Port Charlotte, FL 33948</b>
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 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 **Harold R DeJager** 04-08-96 941-639-8443  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)