

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N46324

1. Entity Name
**CHARLOTTE COMMERCIAL CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**18380 PAULSON DR
PORT CHARLOTTE, FL 33954 US**

Mailing Address
**18380 PAULSON DR
PORT CHARLOTTE, FL 33954 US**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0349346

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COCCARO, PETER J JR
27340 EGRET PLACE
PUNTA GORDA, FL 33983**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: COCCARO, PETER J
STREET ADDRESS: 27340 EGRET PLACE
CITY-ST-ZIP: PUNTA GORDA, FL 33983

TITLE: D
NAME: NASKALE-PEREIRA, ANGELA B
STREET ADDRESS: 4380 INVERNESS ST.
CITY-ST-ZIP: NORTH PORT, FL 34288

TITLE: D
NAME: KERN, PAMELA
STREET ADDRESS: 2394 SANTEE ST.
CITY-ST-ZIP: PORT CHARLOTTE, FL 33948

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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01/10/08-80003-021 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

1-3-08 941.624.5744