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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000684 (9)

1. Corporation Name

THE CHARLOTTE HARBOR COMMUNITY LEAGUE, INC.



Principal Place of Business

Mailing Address

C/O PAUL R. SCHNEIDER
23462 HARPER AVENUE
PUNTA GORDA FL 33980C/O PAUL R. SCHNEIDER
23462 HARPER AVENUE
PUNTA GORDA FL 33980-30053. Date Incorporated or Qualified
02/15/19933a. Date of Last Report
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 175 Kings Hwy

26 175 Kings Hwy 4c1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4c1

27 4c1

City & State

City & State

23 Punta Gorda, FL.

28 Punta Gorda, FL.

Zip

Country

Zip

Country

24 33983

25 CHARLOTTE

29 33983

30 CHARLOTTE

4. FEI Number

65-0390026

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

SCHNEIDER, PAUL R
23462 HARPER AVE.
CHARLOTTE HARBOR FL 33980

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 PD
NAME SCHNEIDER, PAUL R
STREET ADDRESS 23462 HARPER AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33980☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 175 KINGS Hwy 4c1
1.4 CITY-ST-ZIP PUNTA GORDA, FL. 33983☒ Change ☐ AdditionTITLE VD
NAME CHURCH, WENDELL
STREET ADDRESS 159 DANFORTH DRIVE
CITY-ST-ZIP PUNTA GORDA FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE STD
NAME BERGER, ROSELLA
STREET ADDRESS 19265 ABHENRY CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0058180

CR2E037 (9/96)