

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N95000000684 (9)

1. Corporation Name

THE CHARLOTTE HARBOR COMMUNITY LEAGUE, INC.

Principal Place of Business

Mailing Address

175 KINGS HWY  
401  
PUNTA GORDA FL 33980  
US

175 KINGS HWY  
4CL  
PUNTA GORDA FL 33980  
US

3. Date Incorporated or Qualified

02/15/1993

4. FEI Number

65-0390026

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

City

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

N/A

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

11 Name

12 Street Address (P.O. Box Number Is Not Acceptable)

13

14 City

FL

15

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 Stats.

SIGNATURE

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

(NOTE: Regd Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHNEIDER, PAUL R

STREET ADDRESS 175 KINGS HWY 4CL

CITY-ST-ZIP PUNTA GORDA FL

TITLE VD ☐ DELETE

NAME CHURCH, WENDELL

STREET ADDRESS 159 DANFORTH DRIVE

CITY-ST-ZIP PUNTA GORDA FL

TITLE STD ☐ DELETE

NAME BERGER, ROSELLA

STREET ADDRESS 19265 ABHENRY CIRCLE

CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.E ☐ Change ☐ Addition

1.EE ☐ Change ☐ Addition

1.EET ADDRESS ☐ Change ☐ Addition

1.E-ST-ZIP ☐ Change ☐ Addition

2.E ☐ Change ☐ Addition

2.EE ☐ Change ☐ Addition

2.EET ADDRESS ☐ Change ☐ Addition

2.E-ST-ZIP ☐ Change ☐ Addition

3.E ☐ Change ☐ Addition

3.EE ☐ Change ☐ Addition

3.EET ADDRESS ☐ Change ☐ Addition

3.E-ST-ZIP ☐ Change ☐ Addition

4.E ☐ Change ☒ Addition

4.EE ☐ Change ☒ Addition

4.EET ADDRESS ☐ Change ☒ Addition

4.E-ST-ZIP ☐ Change ☒ Addition

5.E ☐ Change ☐ Addition

5.EE ☐ Change ☐ Addition

5.EET ADDRESS ☐ Change ☐ Addition

5.E-ST-ZIP ☐ Change ☐ Addition

6.E ☐ Change ☐ Addition

6.EE ☐ Change ☐ Addition

6.EET ADDRESS ☐ Change ☐ Addition

6.E-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exon stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and 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 DIR

Date

Daytime Phone #

7/8/98

941-764-1144

CR2E037 (5/98)