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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000684 (9)

1. Corporation Name

THE CHARLOTTE HARBOR COMMUNITY LEAGUE, INC.

Principal Place of Business

Mailing Address

C/O PAUL R. SCHNEIDER  
175 KINGS HWY 401  
PUNTA GORDA FL 33980

C/O PAUL R. SCHNEIDER  
175 KINGS HWY 4CL  
PUNTA GORDA FL 33980

2. Principal Place of Business

2a. Mailing Address C/O DANIEL L MURPHY

Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 2450 TAMiami TrL

02/15/1993

22 4C1

27 D

4. FEI Number  
65-0390026

Applied For  
Not Applicable

23 City & State

28 PORT CHARLOTTE, FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24 Zip

25 Country

29 33952

30 USA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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  
SAME

82 Street Address (P.O. Box Number is Not Acceptable)

175 KINGS HWY

83 4C1

84 City  
PUNTA GORDA

FL

85 Zip Code  
33983

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 ☐ DELETE  
NAME SCHNEIDER, PAUL  
STREET ADDRESS 175 KINGS HWY 4CL  
CITY-ST-ZIP PUNTA GORDA, FL 33980

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS 4C1  
14 CITY-ST-ZIP 33983

TITLE VD ☐ DELETE  
NAME CHURCH, WENDELL  
STREET ADDRESS 159 DANFORTH DRIVE  
CITY-ST-ZIP PUNTA GORDA FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP 33980

TITLE STD ☐ DELETE  
NAME BERGER, ROSELLA  
STREET ADDRESS 19265 ABHENRY CIRCLE  
CITY-ST-ZIP PORT CHARLOTTE FL

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP 33948

TITLE A ☐ DELETE  
NAME MURPHY, DANIEL L  
STREET ADDRESS 2450-D TAMiami TrL  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL L. MURPHY 3/8/99

Date

(941)764-1144

Daytime Phone #

CR2E037 (11/98)