

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 25, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90001 034 \*\*\*\*61.25

**DOCUMENT # N95000000684**

1. Entity Name  
**THE CHARLOTTE HARBOR COMMUNITY LEAGUE, INC.**



**Principal Place of Business**

**C/O PAUL R SCHNEIDER  
175 KINGS HWY 401  
PUNTA GORDA, FL 33980 US**

**Mailing Address**

**C/O DANIEL MURPHY  
20020 VETERANS BLVD UNIT 10  
PORT CHARLOTTE, FL 33954-2193 US**

**54058767**



06222004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0390026**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHNEIDER, PAUL R  
175 KINGS HWY  
4C1  
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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME	PD SCHNEIDER, PAUL R
STREET ADDRESS CITY-ST-ZIP	175 KINGS HWY 4CL PUNTA GORDA, FL 33980
TITLE NAME	VD CHURCH, WENDELL
STREET ADDRESS CITY-ST-ZIP	159 DANFORTH DRIVE PUNTA GORDA, FL
TITLE NAME	STD BERGER, ROSELLA
STREET ADDRESS CITY-ST-ZIP	19265 ABHENRY CIRCLE PORT CHARLOTTE, FL
TITLE NAME	A MURPHY, DANIEL L
STREET ADDRESS CITY-ST-ZIP	20020 VETRANS BLVD UNIT 10 PORT CHARLOTTE, FL 33952
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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

**6/22/04**

Date

**941-764-1144**

Daytime Phone #