


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE

01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0390026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 restating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHNEIDER, PAUL R 175 KINGS HWY 4CL PUNTA GORDA, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHURCH, WENDELL 159 DANFORTH DRIVE PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERGER, ROSELLA 19265 ABHENRY CIRCLE PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A MURPHY, DANIEL L 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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01/10/05-80005-002 61.25

**DO NOT WRITE
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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:  **1/4/05** **941-764-1144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #