

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90078 043 ****61.25

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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**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP

CR2E037 (11/05)

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/10/06
Date

941-764-1144
Daytime Phone #