

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90104 036 ****61.25

DOCUMENT # N97000002890

1. Entity Name

CHARLOTTE HARBOR REEF ASSOCIATION, INC.



Principal Place of Business

**33 TROPICANA DRIVE
PUNTA GORDA FL 33950**

Mailing Address

**33 TROPICANA DRIVE
PUNTA GORDA FL 33950**

2. Principal Place of Business

33 TROPICANA DRIVE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PUNTA GORDA FL

City & State
PUNTA GORDA, FL

4. FEI Number **31-1573398**

Applied For
☐ Not Applicable

Zip
33950

Country

Zip
33950

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FROHLICH, W CORT
18501 MURDOCK CIRCLE 6TH FLOOR
PORT CHARLOTTE FL**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **JENSEN, JERRY**
STREET ADDRESS **33 TROPICANA DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **KOCH, REXFORD**
STREET ADDRESS **231 SULLIVAN ST**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ALLEN, RALPH**
STREET ADDRESS **1200 W RETTA ESPLANADE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CROFT, ROBERT**
STREET ADDRESS **25237 PALISADE ROAD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33983**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **FRASER, THOMAS H**
STREET ADDRESS **22602 ADORN AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FROHLICH, W. CORT**
STREET ADDRESS **6500 RIVERSIDE DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JERRY JENSEN

SIGNATURE REQUIRED

18 March 2003 941-637-1005

CR2E037 (10/02)