

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90230 033 ****61.25

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1. Entity Name
CHARLOTTE SPORT MODELERS SOCIETY, INC.



Principal Place of Business
4205 ALMAR DR
PUNTA GORDA, FL 33950

Mailing Address
4205 ALMAR DR
PUNTA GORDA, FL 33950

00001818



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLAKE-HASKINS, JOHN C
4205 ALMAR DRIVE
PUNTA GORDA, FL 33950

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 *John C. Blake-Haskins / John C. BLAKE-HASKINS* 1/16/06
(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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONLON, MICHAEL	
STREET ADDRESS	2804 CABARET AVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ORTMAYER, DAVID A	
STREET ADDRESS	356 MORGAN ST	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLAKE-HASKINS, JOHN C	
STREET ADDRESS	4205 ALMAR DR	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEAULIEU, LEO	
STREET ADDRESS	21017 DENISE AVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	LINDELL, FRANK	
STREET ADDRESS	27542 TIERRA DR EVERO	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	PETERSON, JORDAN	
STREET ADDRESS	22031 FELTON AVE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	BOB GRUENERT	
STREET ADDRESS	468 WABASH TERRACE	
CITY-ST-ZIP	PT. CHARLOTTE, FL 33954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	DAN LINES	
STREET ADDRESS	930 SANTA BRIGIDA CT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	BMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	JIM DEUTSCH	
STREET ADDRESS	25442 ST. HELENA LN	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	BMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	FRED STITELER	
STREET ADDRESS	131 CENNE	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	

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 changed, or on an attachment with an address, with all other like empowered.