

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006757

1. Entity Name

SHORE CHARLOTTE PROPERTY OWNERS ASSOCIATION, INC

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90114 034 \*\*\*\*61.25

0076801

Principal Place of Business

7831 S.W. SUNNY OAKS AVE.  
ARCADIA FL 34266

Mailing Address

7831 S.W. SUNNY OAKS AVE.  
ARCADIA FL 34266

2. Principal Place of Business

3. Mailing Address

P.O. Box 1940

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Arcadia, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

34266

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYMANS, MICHAEL P  
115 W. OLYMPIA AVE.  
PUNTA GORDA FL 33950

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WATTS, JEFFREY F  
5023 KEY LARGO DR.  
PUNTA GORDA FL 33950 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RAY, PETER C  
9603 25TH ST. E.  
PARRISH FL 34219 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Darrall & Rebecca Dean  
6550 Riverside Drive  
Punta Gorda, FL 33982 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
CARLTON, DAVID P  
7831 SW SUNNY OAKS DR  
ARCADIA FL 34266 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
HARRINGTON, NINFA A  
% J. HARRINGTON - 7 MOHAWK  
BARRINGTON IL 60010 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
TOWLES, KEITH B  
13564 WAINWRIGHT DR.  
PORT CHARLOTTE FL 33953 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED David P. Carlton, As President

3/27/01

863  
494  
9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)