

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006757

1. Entity Name

SHORE CHARLOTTE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

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

Mailing Address

P.O. BOX 1940
ARCADIA FL 34266

2. Principal Place of Business

843 BIMINI LANE

Suite, Apt. #, etc.

3. Mailing Address

843 BIMINI LANE

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33950

Country

Charlotte

Zip

33950

Country

CHARLOTTE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

NAME
MICHAEL P. HAYMANS

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

99 NESBIT STREET

City

PUNTA GORDA

FL

Zip Code
33950

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

Michael P. Haymans

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/17/02

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DEAN, REBECCA
CITY-ST-ZIP 6550 RIVERSIDE DR
PUNTA GORDA FL 33982

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME Director only
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME Director, President, Treasurer
STREET ADDRESS 843 BIMINI LANE
CITY-ST-ZIP PUNTA GORDA, FL 33950

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David P. Carlton

5/10/02

(863) 494-9600

Date

Daytime Phone #

CR2E037 (9/01)