

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

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90045 047 ****61.25

0014489

DOCUMENT # N99000006757

1. Entity Name

SHORE CHARLOTTE PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business

**843 BIMINI LANE
PUNTA GORDA FL 33950**

Mailing Address

**843 BIMINI LANE
PUNTA GORDA FL 33950**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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
99 NESBIT STREET
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. 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
After September 10, 2003, min will be \$236.25**

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

TITLE **D** ☐ Change ☒ Addition
NAME **ROBERT PLUMMER / MELODY MIRON**
STREET ADDRESS **9140 SW 140TH ST**
CITY-ST-ZIP **MIAMI, FL 33176**

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

TITLE **D** ☐ Change ☒ Addition
NAME **MATTHEW D. BERMAN**
STREET ADDRESS
CITY-ST-ZIP **NAPLES, FL**

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

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

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

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

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

TITLE **DP** ☒ Change ☐ Addition
NAME **TOWLES, KEITH B**
STREET ADDRESS **843 BIMINI LN**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Keith B Towles** **7-8-03 (941) 575-1515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)