

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90334 001 ***317.50

0416506 AV

DOCUMENT # P01000086086

1. Entity Name

CHARLSE/WATT COMMUNITIES II, INC.



Principal Place of Business

16316 BRISTOL POINTE DR
DELRAY BEACH FL 33446

Mailing Address

16316 BRISTOL POINTE DR
DELRAY BEACH FL 33446

2. Principal Place of Business

9467 Grand Estates Way

3. Mailing Address

P.O. BOX 7537

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Delray Beach FL

4. FEI Number

65-1140220

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

CHARLSE, STEVEN

16316 BRISTOL POINTE DR
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name

CHARLSE, STEVEN

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

23815 ADDISON PLACE COURT

BONITA SPRINGS

FL

Zip Code 34134

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CHARLSE, STEVEN
STREET ADDRESS 16316 BRISTOL POINTE DR
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE VD ☐ Delete
NAME WATT, STEVEN
STREET ADDRESS 16316 BRISTOL POINTE DR
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 23815 ADDISON PLACE COURT
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 23815 ADDISON PLACE COURT
CITY-ST-ZIP BONITA SPRINGS FL 34134

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

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

TITLE ☐ Change ☐ Addition
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)