

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000014480

1. Entity Name
CHARLOTTE GOLF PARTNERS, INC.



Principal Place of Business
**22 SUNNINGDALE DRIVE
GROSSE POINTE SHORES, MI 48236**

Mailing Address
**22 SUNNINGDALE DRIVE
GROSSE POINTE SHORES, MI 48236**



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3428277

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ORR, BRUCE
303 OCALA ROAD
BELLAIRE, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALLRICH, WAYNE T
STREET ADDRESS	22 SUNNINGDALE DRIVE
CITY-ST-ZIP	GROSSE POINTE SHORES, MI 48236
TITLE	VTD
NAME	CUBBA, PETER J
STREET ADDRESS	22725 GREATER MACK AVENUE
CITY-ST-ZIP	SAINT CLAIR SHORES, MI 48080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80058-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

Wayne T. Wallach

WAYNE T. WALLACH

4/24/08

313.343-0498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #