

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084244

1. Entity Name

CHARLSE/WATT COMMUNITIES, INC.

Principal Place of Business

Mailing Address

4075 NW 60TH CIRCLE
BOCA RATON FL 33496

23815 ADDISON PLACE CT
BONITAT SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

23815 Addison Pl Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bonita Springs FL

Zip
34134

Country

Zip

Country

4. FEI Number 65-0791702

Applied For

Not Applicable

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

SALVATORI, LEO J
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CHAILSE, STEVEN M
STREET ADDRESS 3704 ASCOT BEND CT
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☒ Change ☐ Addition
NAME Charlse, Steven M
STREET ADDRESS 23815 Addison Pl Ct
CITY-ST-ZIP Bonita Springs FL 34134

TITLE VPST ☐ Delete
NAME WATT, STEVEN M
STREET ADDRESS 3704 ASCOT BEND CT
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☒ Change ☐ Addition
NAME 23815 Addison Pl Ct
STREET ADDRESS Bonita Springs FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200004384132--7
STREET ADDRESS -06/08/01--01095--001
CITY-ST-ZIP ***3920.00 ****158.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 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

Steven M. Watt

4-27-01

Date

941-941-2929

Daytime Phone #

FILED
01 MAY -1 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE