2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2020
Secretary of State
4673232395CC

DOCUMENT# 726150

Entity Name: CHARLOTTE HARBOR YACHT CLUB, INC.

Current Principal Place of Business:

4400 LISTER STREET
PORT CHARLOTTE, FL 33952

Current Mailing Address:

4400 LISTER STREET
PORT CHARLOTTE, FL 33952

FEI Number: 59-1500408

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHALEY, JOHN
4400 LISTER STREET
PORT CHARLOTTE, FL 33952 US

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: JOHN WHALEY 02/28/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	WHALEY, JOHN
Address	140 COUSLEY DRIVE
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	COMMODORE
Name	HOLLAND, MARTIN
Address	2139 HARBOUR DR
City-State-Zip:	PUNTA GORDA FL 33983

Title	VICE COMMODORE
Name	MACDONALD, JOHN
Address	26045 LUZON COURT
City-State-Zip:	PUNTA GORDA FL 33983

Title	DIRECTOR
Name	REINHARD, MICHAEL
Address	122 CREEK DRIVE SE
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	FLEET CAPTAIN
Name	LETTERI, MARYANN MRS
Address	1363 SAN MATEO DRIVE
City-State-Zip:	PUNTA GORDA FL 33950

Title	SECRETARY
Name	SCHALLER, JERI FINE
Address	3424 PEACE RIVER DRIVE
City-State-Zip:	PUNTA GORDA FL 33983

Title	REAR COMMODORE
Name	GEISLER, THOMAS
Address	108 PECKHAM SE
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	MCMILLAN, ROBERT
Address	23465 HARBORVIEW RD #1031
City-State-Zip:	CHARLOTTE HARBOR FL 33980

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JERI SCHALLER SECRETARY 02/28/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	POCKLINGTON, JAMES
Address	9870 CYPRESS LAKE DR
City-State-Zip:	FORT MYERS FL 33919

Title	DIRECTOR
Name	KIDD, PAUL
Address	1110 VERONICA STREET
City-State-Zip:	PORT CHARLOTTE FL 33952