2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2014
Secretary of State
CC2318143774

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:

BILL, FLEMING
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	COMMODORE
Name	BARNETT, WILLIAM M
Address	490 VIA ESPLANADE
City-State-Zip:	PUNTA GORDA FL 33950

Title	VICE COMMODORE
Name	GEISER, LORRAINE B
Address	1615 ATARES DRIVE #112
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	WEDEMYER, ROBERT J
Address	2813 LA MANCHA COURT
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	FORD, THOMAS W
Address	1624 CASEY KEY DRIVE
City-State-Zip:	PUNTA GORDA FL 33950

Title	TREASURER
Name	FLEMING, WILLIAM
Address	5296 CONNER TERR
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	REAR COMMODORE
Name	JACOBSEN, DOROTHY E
Address	7505 WEDELIA
City-State-Zip:	PUNTA GORDA FL 33955

Title	SECRETARY
Name	ALBARRAN, MARY E
Address	1576 AQUI ESTA DRIVE
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	LITCHFIELD, NOREEN
Address	3390 YUKON DRIVE
City-State-Zip:	PORT CHARLOTTE FL 33948

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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: WILLIAM M BARNETT COMMODORE 03/18/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TROIKE, CHARLES G
Address	240 LEWIS CR #211
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	GIARRANTE, DONALD
Address	2374 CONWAY BLVD
City-State-Zip:	PORT CHARLOTTE FL 33952