

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711250 (1)

1. Corporation Name
PUNTA GORDA GARDEN CLUB, INC.



Principal Place of Business 345 MALPELO AVENUE PUNTA GORDA FL 33963	Mailing Address 345 MALPELO AVENUE PUNTA GORDA FL 33963
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3. Date Incorporated or Qualified 07/25/1966	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 4000 BAL HARBOR BLVD Suite, Apt. #, etc. 22 #317 City & State 23 PUNTA GORDA, FL Zip 24 33950	2a. Mailing Address 26 4000 BAL HARBOR BLVD Suite, Apt. #, etc. 27 #317 City & State 28 PUNTA GORDA, FL Zip 29 33950	4. FEI Number 59-1612027	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FOWLER, JEANNETTE
4000 BAL HARBOR BLVD 317
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL	85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE	NAME: STONE, MARY KAY STREET ADDRESS: 345 MALPELO AVENUE CITY-ST-ZIP: PUNTA GORDA FL 33963
TITLE	VPD	<input type="checkbox"/> DELETE	NAME: TUCKER, DIANA STREET ADDRESS: 1020 W MARION AVE 49 CITY-ST-ZIP: PUNTA GORDA FL
TITLE	VD	<input type="checkbox"/> DELETE	NAME: REMO, ARLENE STREET ADDRESS: 210 BEL AIRE COURT CITY-ST-ZIP: PUNTA GORDA FL 33950
TITLE	S	<input type="checkbox"/> DELETE	NAME: WEST, AGNES STREET ADDRESS: 2490 PALM TREE DR CITY-ST-ZIP: PUNTA GORDA FL
TITLE	T	<input checked="" type="checkbox"/> DELETE	NAME: WILLIAMS, LILLIAN STREET ADDRESS: 2160 AQUI ESTA DR CITY-ST-ZIP: PUNTA GORDA FL
TITLE	D	<input type="checkbox"/> DELETE	NAME: LANE, DERITH STREET ADDRESS: 2426 FLORA LANE CITY-ST-ZIP: PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: FOWLER, JEANNETTE STREET ADDRESS: 4000 BAL HARBOR BLVD #317 CITY-ST-ZIP: PUNTA GORDA, FL 33950
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: EADES, MARY JANE STREET ADDRESS: 2735 MAGDALINA DRIVE CITY-ST-ZIP: PUNTA GORDA, FL 33950
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeanette Fowler* **JEANNETTE FOWLER** **FEBRUARY 21, 1996** **(941) 639-7578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)