


FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>4000 BAL HARBOR BLVD SUITE 317 PUNTA GORDA FL 33950 US</b>	Mailing Address <b>4000 BAL HARBOR BLVD SUITE 317 PUNTA GORDA FL 33950-8510 US</b>
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3. Date Incorporated or Qualified <b>07/25/1966</b>	3a. Date of Last Report <b>03/04/1996</b>
4. FEI Number <b>59-1612027</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>1020 WEST MARION AVE</b>	2a. Mailing Address 26 <b>1020 WEST MARION AVE</b>
Suite, Apt. #, etc. 22 <b>#49</b>	Suite, Apt. #, etc. 27 <b>#49</b>
City & State 23 <b>PUNTA GORDA, FL</b>	City & State 28 <b>PUNTA GORDA, FL</b>
Zip 24 <b>33950</b>	Country 25 <b>CHARLOTTE</b>
Zip 29 <b>33950</b>	Country 30 <b>CHARLOTTE</b>

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  
**DIANA MARIE TUCKER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1020 WEST MARION AVE #49**  
83  
84 City  
**PUNTA GORDA** 85 Zip Code  
**FL 33950**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0506, Florida Statutes.

SIGNATURE: *Diana Marie Tucker* DATE: **4-23-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FOWLER, JEANNETTE</b>
STREET ADDRESS	<b>4000 BAL HARBOR BLVD #317</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TUCKER, DIANA</b>
STREET ADDRESS	<b>1020 W MARION AVE 49</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>REMO, ARLENE</b>
STREET ADDRESS	<b>210 BEL AIRE COURT</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WEST, AGNES</b>
STREET ADDRESS	<b>2490 PALM TREE DR</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>EADES, MARY JANE</b>
STREET ADDRESS	<b>2735 MAGDALINA DRIVE</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LANE, DERITH</b>
STREET ADDRESS	<b>2426 FLORA LANE</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TUCKER, DIANA MARJE</b>
1.3 STREET ADDRESS	<b>1020 WEST MARION AVE #49</b>
1.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>
2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CHAPMAN, ALICE</b>
2.3 STREET ADDRESS	<b>2923 RYAN BLVD</b>
2.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>
3.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ENGLISH, EVIE</b>
3.3 STREET ADDRESS	<b>5289 JOHNSON TERRACE</b>
3.4 CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33981</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>WEST, AGNES</b>
4.3 STREET ADDRESS	<b>2490 PALM TREE DRIVE</b>
4.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>POLOSON, MARY</b>
5.3 STREET ADDRESS	<b>2161 AQUJ ESTA DRIVE</b>
5.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>FOWLER, JEANNETTE</b>
6.3 STREET ADDRESS	<b>1250 WEST MARION AVE #341</b>
6.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>

14. I do 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 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: *Diana Marie Tucker* DATE: **4/23/97** (941)637-0605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0057534

CR2E037 (9/96)