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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90127 044 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 711250

1. Corporation Name
PUNTA GORDA GARDEN CLUB, INC.

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| Principal Place of Business 1020 WEST MARION AVE #49 PUNTA GORDA FL 33950 US | Mailing Address 1020 WEST MARION AVE #49 PUNTA GORDA FL 33950 US |
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|--|---|---|--------------------------------|-------------------------------|
| 2. Principal Place of Business 21 3438 Pennyroyal Road Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 3438 Pennyroyal Road Suite, Apt. #, etc. 27 | 3. Date Incorporated or Qualified 07/25/1966 | 4. FEI Number 59-1612027 | Applied For Not Applicable |
| 23 City & State Port Charlotte, Fl | 28 City & State Port Charlotte, Fl. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 24 Zip 33953-4603 Country Charlotte | 29 Zip 33953-4603 Country Charlotte | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

TUCKER, DIANA M
 1020 WEST MARION AVE
 #49
 PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
 Libby Curnow

82 Street Address (P.O. Box Number is Not Acceptable)
 3438 Pennyroyal Road

83 City
 Port Charlotte FL 85 Zip Code 33953-4603

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 *Libby Curnow* Libby Curnow DATE 4-30-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | | | |
|------------|--------------------------|--|----------------------------------|--|
| TITLE P | NAME TUCKER, DIANA M | STREET ADDRESS 1020 WEST MARION AVE, #49 | CITY-ST-ZIP PUNTA GORDA FL | <input checked="" type="checkbox"/> DELETE |
| TITLE S | NAME CHAPMAN, ALICE | STREET ADDRESS 2923 RYAN BLVD | CITY-ST-ZIP PUNTA GORDA FL | <input checked="" type="checkbox"/> DELETE |
| TITLE T | NAME ENGLISH, EVE | STREET ADDRESS 5289 JOHNSON TERR | CITY-ST-ZIP PORT CHARLOTTE FL | <input checked="" type="checkbox"/> DELETE |
| TITLE D | NAME WEST, AGNES | STREET ADDRESS 2490 PALM TREE DR | CITY-ST-ZIP PUNTA GORDA FL | <input type="checkbox"/> DELETE |
| TITLE D | NAME POLOSON, MARY | STREET ADDRESS 2161 AGUI ESTA DR | CITY-ST-ZIP PUNTA GORDA FL | <input checked="" type="checkbox"/> DELETE |
| TITLE D | NAME FOWLER, JEANETTE | STREET ADDRESS 1250 WEST MARION AVE, #341 | CITY-ST-ZIP PUNTA GORDA FL | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|-----------------|-----------------------------|--|---|--|
| 1.1 TITLE P | 1.2 NAME Libby Curnow | 1.3 STREET ADDRESS 3438 Pennyroyal Road | 1.4 CITY-ST-ZIP Port Charlotte, Fl. 33953-4603 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE S | 2.2 NAME Carol Biggs | 2.3 STREET ADDRESS 1368 Jacanna Court | 2.4 CITY-ST-ZIP Port Charlotte, Fl 33950-7625 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE T | 3.2 NAME Carolyn Honour | 3.3 STREET ADDRESS 1211 Coronado Drive | 3.4 CITY-ST-ZIP Punta Gorda, Fl 33950-6387 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE VP | 4.2 NAME June Walter | 4.3 STREET ADDRESS 24300 Airport Road, #165 | 4.4 CITY-ST-ZIP Punta Gorda, Fl 33950-6920 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE S | 5.2 NAME Eileen Risebrow | 5.3 STREET ADDRESS 3430 St Croix Court | 5.4 CITY-ST-ZIP Punta Gorda, Fl. 33950-8142 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE D | 6.2 NAME Teddy Bei | 6.3 STREET ADDRESS 1345 Sheehan Blvd. | 6.4 CITY-ST-ZIP Port Charlotte, Fl 33952-2860 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

14. 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 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, with all other like empowered.

SIGNATURE: *Libby Curnow* SIGNATURE *Libby Curnow* Date 4-30-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)