

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

DOCUMENT # 712185 (8)

1. Corporation Name

PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATION OF REALTORS, INC.



Principal Place of Business

2200 KINGS HWY. 3J
PORT CHARLOTTE FL 33980
US

Mailing Address

3320 LOVELAND BLVD.
PORT CHARLOTTE FL 33980

3. Date Incorporated or Qualified
02/01/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3320 Loveland Blvd.
Suite, Apt. #, etc.

26 3320 Loveland Blvd.
Suite, Apt. #, etc.

22 Port Charlotte, FL
City & State

27 Port Charlotte, FL
City & State

23 Zip 33980 Country

28 Zip 33980 Country

4. FEI Number
59-1264012

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HACKETT, JACK O
115 EAST OLYMPIA AVENUE
PUNTA GORDA FL 33950

81 Name

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

83

84 City

FL

85 Zip Code

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 617.0303, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jack Hackett JACK HACKETT 5-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SHERIDAN, JOHN	
STREET ADDRESS	2000 RIO DE JANEIRO	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PERRAULT, WILLIAM	
STREET ADDRESS	1931 TAMiami TR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RICKARDS, JAMES	
STREET ADDRESS	2541 TAMiami TR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SHAYMAN, GERI	
STREET ADDRESS	1931 TAMiami TRIAL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWELL, DAVE	
STREET ADDRESS	1200 W RETTA ESPLANADE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, LINDA	
STREET ADDRESS	4301 SIBLEY BAY ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Depenbrock, Carolyn	
1.3 STREET ADDRESS	PO Box 2777	
1.4 CITY-ST-ZIP	Port Charlotte, FL 33949	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Logan, Cnythia	
2.3 STREET ADDRESS	909-B Kings Highway	
2.4 CITY-ST-ZIP	Port Charlotte, FL 33980	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	South, Barbara	
3.3 STREET ADDRESS	1951-D Tamiami Tr.	
3.4 CITY-ST-ZIP	Port Charlotte, FL 33948	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	212 Virginia Ave W	
5.4 CITY-ST-ZIP		
6.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Linda Bishop Linda Bishop 5-1-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)