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Jan 22, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-22-1999 90038 032 \*\*\*\*\*61.25

DOCUMENT # 712185

1. Corporation Name

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

Principal Place of Business

3320 LOVELAND BLVD.  
PORT CHARLOTTE FL 33980  
US

Mailing Address

3320 LOVELAND BLVD.  
PORT CHARLOTTE FL 33980  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date incorporated or Qualified

02/01/1967

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

9. Name and Address of Current Registered Agent

HACKETT, JACK O  
115 EAST OLYMPIA AVENUE  
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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-99

12. OFFICERS AND DIRECTORS

TITLE D  DELETE

NAME LOGAN, CYNTHIA  
STREET ADDRESS 909-B TAMIAMI TR  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE P  DELETE

NAME DEPENBROCK, CAROLYN  
STREET ADDRESS 3221 TAMIAMI TR  
CITY-ST-ZIP PORT CHARLOTTE FL 33949

TITLE D  DELETE

NAME SOUTH, BARBARA  
STREET ADDRESS 1951-D TAMIAMI TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D  DELETE

NAME SHAYMAN, GERI  
STREET ADDRESS 1931 TAMIAMI TRIAL  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE TD  DELETE

NAME SHAYMAN, GERI  
STREET ADDRESS 1931 TAMIAMI TR  
CITY-ST-ZIP PUNTA GORDA FL 33948

TITLE D  DELETE

NAME WILLIAMS, BETTY  
STREET ADDRESS 4500 MARINA  
CITY-ST-ZIP PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: CAROLYN DEPENBROCK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone # 941-629-8261

CR2E037 (1/98)