


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90227 035 ****61.25

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DOCUMENT # 712185			
1. Entity Name PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATIO N 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HACKETT, JACK O 115 EAST OLYMPIA AVENUE PUNTA GORDA FL 33950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROHLING, MARVIN 3251 TAMiami TR PORT CHARLOTTE FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jirout, Judy 3320 Loveland Blvd. Port Charlotte, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JIROUT, JUDY 3320 LOVELAND BLVD PORT CHARLOTTE FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Roberts, Bob 1931 Tamiami Tr. Port Charlotte, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, NORM 2369 RISKEN TERR PORT CHARLOTTE FL 33981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T McClary, Nancy 2825 Tamiami Tr. Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUTH, BARB 1980 KINGS HWY BLVD PORT CHARLOTTE FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, CYNTHIA 1980 KINGS HWY BLVD PORT CHARLOTTE FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVESEN, MICHAEL 4889 TAMiami TR PORT CHARLOTTE FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-9-03 941-629-8261**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)