FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra . Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

718539 DOCUMENT #
1. Corporation Name

(0)

HAMPSHIRE HOUSE OF PORT CHARLOTTE -A CONDOMINIUM , INC. Principal Place of Business Mailing Address CHARLOTTE SQUARE CONDOMINIUNS CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE-2296 AARON ST. MANAGER'S OFFICE-2296 AARON ST. PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 Date Incorporated or Qualified 05/18/1970 3a. Date of Last Report 02/22/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-1574993 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes 🖊 Yes 🗌 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Ron MacIlvane "REED, IRENE Street Address (P.O. Box Number is Not Acceptable) 1011 W. Henry 82 21320 BRINSON AVE. UNIT 106 PORT CHARLOTTE FL 33952 **B3** Punta Gorda Zip Code 33950 65 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, it am accept the appointment as registered agent. I am SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Addition NANTELL, MARIE NAME 1.2 NAME 21320 BRINSON AVE UNIT 116 STREET ADDRESS 1.3 STREET ADDRESS ***61.25 PT CHARLOTTE, FL 00000 CITY-ST-7IP 1.4 CITY-ST-ZIP TIFLE DELETE Change 2.1 TITLE Addition REED, GLEN NAME 2.2 NAME Brancaccio, Frank 21320 BRINSON AVE. UNIT 106 STREET ADDRESS 2.3 STREET ADDRESS 21320 Brinson Ave. Port Charlotte, FI PT CHARLOTTE, FL 00000 CITY - ST - ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Addition MACILVANE, RONALD NAME 32 NAME 21320 BRINSON AVE UNIT 220 STREET ADDRESS **33 STREET ADDRESS** PT CHARLOTTE, FL 00000 CITY-ST-ZIP 34. CITY-ST-ZIP TD TITLE XIDELETE 4.1 TITLE Change Addition REED. IRENE NAME MacIlvane, Ron 4. 2 NAME 21320 BRINSON UNIT 106 1011 W. Henry STREET ADDRESS 4.3 STREET ADDRESS PT CHARLOTTE, FL 00000 Port Charlotte, FL CITY - ST - ZIP 4.4 CITY-ST-ZIP vn TITLE DELETE 5.1 TITLE ☐ Addition WRIGHT, JAMES NAME 5.2 NAME Wright, James 21320 BRINSON AVE UNIT 206 STREET ADDRESS 53 STREET ADDRESS 21320 Charlotte Aver Unit 206 PT. CHARLOTTE FL CITY-ST-7/P 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

14. Ido 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.

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

inold C. Mai

STREET ADDRESS

NG OFFICER OR DIRECTOR

941-629-6925

(12/95) **CR2E037**