

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 # 767939 (2)  
1. Corporation Name  
HOMEOWNERS OF PORT CHARLOTTE VILLAGE, INC.



Principal Place of Business Mailing Address  
1000 KINGS HIGHWAY OFFICE 1000 KINGS HIGHWAY OFFICE  
PT. CHARLOTTE FL 33980 PT. CHARLOTTE FL 33980

3. Date Incorporated or Qualified 04/13/1983 3a. Date of Last Report 03/08/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2283369	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	29	30
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L  
201 W MARION AVENUE SUITE 301  
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	223 Taylor St.
84	City
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

1/22/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOVACH, ELEANOR	
STREET ADDRESS	1000 KINGS HWY #114	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CURTIS, ASTRID	
STREET ADDRESS	1000 KINGS HWY #353	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARDING, CHARLES F	
STREET ADDRESS	1000 KINGS HWY #126	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORD, HENRY	
STREET ADDRESS	1000 KINGS HWY #388	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WOLFE, KATHRYN	
STREET ADDRESS	1000 KINGS HIGHWAY #201	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WITTMER, EDWARD	
6.3 STREET ADDRESS	1000 KING HWY #300	
6.4 CITY - ST - ZIP	PORT CHARLOTTE, FL 33980	

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: Charles F. Harding  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INCORPORATED

Date

Daytime Phone #

1/24/96 (941) 625-4105

CR2E037 (12/95)