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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767939

1. Corporation Name
HOMEOWNERS OF PORT CHARLOTTE VILLAGE, INC.

Principal Place of Business 1000 KINGS HIGHWAY OFFICE PT. CHARLOTTE FL 33980	Mailing Address 1000 KINGS HIGHWAY OFFICE PT. CHARLOTTE FL 33980
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/13/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2283369
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L
223 TAYLOR ST.
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, WILLIAM	
STREET ADDRESS	1000 KINGS HWY #394	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	SD	<input checked="" 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	KOVACH, ELEANOR R	
STREET ADDRESS	1000 KINGS HWY, #114	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FORD, HENRY	
STREET ADDRESS	1000 KINGS HWY #388	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FORD, LEON	
STREET ADDRESS	1000 KINGS HWY #471	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WITTMER, EDWARD	
STREET ADDRESS	1000 KING HWY #306	
CITY-ST-ZIP	PORT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOYCE VAN HAREN	
1.3 STREET ADDRESS	1000 KINGS HIGHWAY #29	
1.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
2.1 TITLE	V.P. DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RONALD DAVIS	
2.3 STREET ADDRESS	1000 KINGS HIGHWAY #202	
2.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
3.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HAROLD GOSLIN	
3.3 STREET ADDRESS	1000 KINGS HIGHWAY #24	
3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
4.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NOEL HUYCK	
4.3 STREET ADDRESS	1000 KINGS HIGHWAY #468	
4.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
5.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM PATTERSON	
5.3 STREET ADDRESS	1000 KINGS HIGHWAY #271	
5.4 CITY-ST-ZIP	PORT CHARLOTTE	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WITTMER	
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: _____ DATE: 1/15/99 DAYTIME PHONE #: 941-625-4105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)