

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767939

1. Entity Name

HOMEOWNERS OF PORT CHARLOTTE VILLAGE, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90247 031 ****61.25

Principal Place of Business

Mailing Address

1000 KINGS HIGHWAY OFFICE
PT. CHARLOTTE FL 33980

1000 KINGS HIGHWAY OFFICE
PT. CHARLOTTE FL 33980-4257

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2283369

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOTITZKY, EDWARD L
223 TAYLOR ST.
PUNTA GORDA FL 33950

Name

SAME AS 6

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDR VAN HAREN, JOYCE
1000 KINGS HIGHWAY #29
PORT CHARLOTTE FL 33980 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD DAVIS, RONALD
1000 KINGS HIGHWAY #202
PORT CHARLOTTE FL 33980 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD RONALD DAVIS
1000 Kings Hwy #275 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD KOVACH, ELEANOR R
1000 KINGS HWY, #114
PORT CHARLOTTE FL 33980 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ELEANOR KOVACH ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D GOSLIN, HAROLD
1000 KINGS HIGHWAY #24
PORT CHARLOTTE FL 33980 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD ASTRID CURTIS
1000 KINGS HWY, #353
PORT CHARLOTTE, FL 33980 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D HUYCK, NOEL
1000 KINGD HIGHWAY #468
PORT CHARLOTTE FL 33980 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD NOEL HUYCK ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD WITTMER, EDWARD
1000 KING HWY #306
PORT CHARLOTTE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ROSE MARIE WILLIAMSON
1000 KINGS HWY, #194
PORT CHARLOTTE FL 33980 ☐ Change ☒ Addition

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:

Signature Van Haren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00

Date

Daytime Phone #