


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90230 007 ****61.25

DOCUMENT # 767939 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02232005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2283369				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PDR ^{sp} Vanitaron, Joyce <input checked="" type="checkbox"/> Delete		TITLE	PDR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1000 KINGS HWY # 29		NAME	VAN HAREN JOYCE	
STREET ADDRESS	PORT CHARLOTTE, FL 33980		STREET ADDRESS	1000 KINGS HWY #29	
CITY-ST-ZIP			CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	SD <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRESKO, SHARON		NAME	BARKER, JERRY	
STREET ADDRESS	1000 KINGS HWY # 453		STREET ADDRESS	1000 HWY # 481	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEZELAN, HANK		NAME	MICHAEL BUCHANAN	
STREET ADDRESS	1000 KINGS HWY. #453		STREET ADDRESS	1000 KINGS HWY #360	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MADDENS, JOHN		NAME	ELEANOR KOVACH	
STREET ADDRESS	1000 KINGS HWY #476		STREET ADDRESS	1000 KINGS HWY #114	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAKER, JERRY		NAME	RAYMOND ROWLEY	
STREET ADDRESS	1000 KINGS HWY #481		STREET ADDRESS	1000 KINGS HWY #469	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAVIS, RONALD		NAME	PAULINE HANDLEY	
STREET ADDRESS	1000 KINGS HWY # 275		STREET ADDRESS	1000 KINGS HWY # 48	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
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: _____			JOYCE VAN HAREN 2-22-05 941-625-4105		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		