
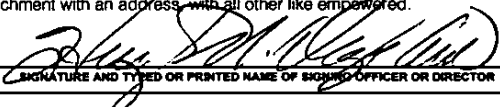


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90070 039 *****00

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
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 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. 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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PDR VAN HAREN, JOYCE 1000 KINGS HWY # 29 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HAROLD SELLEY 1000 Kings Hwy #411 PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARKER, JERRY 1000 HWY 481 PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> CHANGE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD FINCH 1000 Kings Hwy. #216 PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCHANAN, MICHAEL 1000 KINGS HWY #360 PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM PATTISON 1000 Kings Hwy #6 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOVACH, ELEANOR 1000 KINGS HWY #114 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY POWELL 1000 Kings Hwy #127 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, JERRY 1000 KINGS HWY #481 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDR HENRY DEZELAN 1000 Kings Hwy #453 PORT CHARLOTTE FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWLEY, RAYMOND 1000 KINGS HWY #469 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULINE HANDLEY 1000 Kings Hwy #48 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Change <input checked="" type="checkbox"/> DELETE
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 1-24-06 Daytime Phone #: 941-625-4105	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	