


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90188 034 ****70.00

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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2283369

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$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	SP PD SELLEY, HAROLD 1000 KINGS HWY #411 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINEH, DONALD 1000 KINGS HWY #216 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCHANAN, MICHAEL 1000 KINGS HWY #360 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, HENRY 1000 KINGS HWY #217 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR D DEZELAN, HENRY 1000 KINGS HWY #453 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDLEY, PAULINE 1000 KINGS HWY #48 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAM PATTERSON 1000 Kings Hwy #46 PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JERRY BARKER 1000 Kings Hwy #481 PORT CHARLOTTE FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP RONALD OAKS 1000 KINGS HWY #420 PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY COOK 1000 Kings Hwy #195 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRGINIA BURNS 1000 Kings Hwy #265 PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Harold Selley **HAROLD SELLEY** 1-8-07 941-625-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #