


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90095 046 \*\*\*\*70.00

<b>DOCUMENT # 767939</b> 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.			
City & State		City & State		4. FEI Number <b>59-2283369</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOTITZKY, EDWARD L</b> <b>223 TAYLOR ST.</b> <b>PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
--- Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PATTISON, WILLIAM 1000 KINS HWY # 6 PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEZELAN, HENRY 1000 KINGS HWY # 453 PORT CHARLOTTE, FL 33980
				<input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARKER, JERRY 1000 KINGS HWY #481 PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEEK, ANN 1000 KINGS HWY #284 PORT CHARLOTTE, FL 33980
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OAKS, RONALD 1000 KINGS HWY # 420 PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOK, GARY 1000 KINGS HWY #195 PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURNS, VIRGINIA 1000 KINS HWY #265 PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SELLEY, HAROLD 1000 KING HWY #411 PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> <u>Harold Selley</u> <b>HAROLD SELLEY</b> <b>1-7-08 941-625-4105</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					