

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35837

FILED
Feb 08, 2006
Secretary of State

Entity Name: PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATION OF REALTORS COMMUNITY ASSISTANCE FUND, INC.

Current Principal Place of Business:

3320 LOVELAND BLVD.
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

3320 LOVELAND BLVD.
PORT CHARLOTTE, FL 33980 US

New Mailing Address:

FEI Number: 59-2172679 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HACKETT, JACK O., II
99 NESBIT STREET
PUNTA GORDA, FL 339511447 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PED () Delete
Name: LOGAN, CYNTHIA
Address: 907 KINGS HIGHWAY BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: DS () Delete
Name: PIZARRO, LINDA
Address: 3320 LOVELAND BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: PD () Delete
Name: POWELL, DAVE
Address: 1200 W RETTA ESPLANADE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D () Delete
Name: WILSON, LINDA
Address: 4301 SIBLEY BAY STREET
City-St-Zip: CHARLOTTE HARBOR, FL 33950

Title: D () Delete
Name: MCCLARY, NANCY
Address: 2885 TAMiami TR.
City-St-Zip: PUNTA GORDA, FL 33950 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA LOGAN

P

02/08/2006

Electronic Signature of Signing Officer or Director

Date