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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712185 (8)

1. Corporation Name

PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATION OF REALTORS, INC.

Principal Place of Business

3320 LOVELAND BLVD.
PORT CHARLOTTE FL 33980
US

Mailing Address

3320 LOVELAND BLVD.
PORT CHARLOTTE FL 33980-7425
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
02/01/1967

3a. Date of Last Report
06/10/1996

4. FEI Number

59-1264012

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HACKETT, JACK O
115 EAST OLYMPIA AVENUE
PUNTA GORDA FL 33950

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DEPENBROCK, CAROLYN
P.O. BOX 2777
PORT CHARLOTTE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PD
LOGAN, CYNTHIA
909-B KINGS HWY
PORT CHARLOTTE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SOUTH, BARBARA
1951-D TAMiami TRAIL
PORT CHARLOTTE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHAYMAN, GERI
1931 TAMiami TRAIL
PORT CHARLOTTE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
TD
POWELL, DAVE
212 VIRGINIA AVENUE W.
PUNTA GORDA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DP
WILSON, LINDA
4301 SIBLEY BAY ST
PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3321 TAMiami TR.

1.4 CITY - ST - ZIP

33952

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

33980

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

33948

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

33948

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

33950

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

33980

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)