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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712185** (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**3320 LOVELAND BLVD.  
PORT CHARLOTTE FL 33980  
US**

**3320 LOVELAND BLVD.  
PORT CHARLOTTE FL 33980  
US**

3. Date Incorporated or Qualified

**02/01/1967**

4. FEI Number

**59-1264012**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ 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 **S** ☐ DELETE

NAME **DEPENBROCK, CAROLYN**  
STREET ADDRESS **3321 TAMiami TR**  
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **PD** ☒ DELETE

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

TITLE **D** ☐ DELETE

NAME **SOUTH, BARBARA**  
STREET ADDRESS **1851-D TAMiami TRAIL**  
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **D** ☐ DELETE

NAME **SHAYMAN, GERI**  
STREET ADDRESS **1831 TAMiami TRAIL**  
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **TD** ☒ DELETE

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

TITLE **DP** ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

NAME **Cynthia Logan**  
STREET ADDRESS **909-B Tamiami Tr.**  
CITY-ST-ZIP **Port Charlotte, FL 33980**

2.1 TITLE **P** ☒ Change ☐ Addition

NAME **Carolyn Depenbrock**  
STREET ADDRESS **3221 Tamiam Tr.**  
CITY-ST-ZIP **Port Charlotte, FL 33949**

3.1 TITLE **SD** ☐ Change ☒ Addition

NAME **Michael Gravesen**  
STREET ADDRESS **4889 Tamiami Tr.**  
CITY-ST-ZIP **Port Charlotte, FL 33980**

4.1 TITLE **Claire ManzoD** ☐ Change ☒ Addition

NAME **2825 Tamiami Tr.**  
STREET ADDRESS **Punta Gorda, FL 33950**

5.1 TITLE **TD** ☒ Change ☐ Addition

NAME **Shayman, Geri**  
STREET ADDRESS **1931 Tamiami Tr.**  
CITY-ST-ZIP **Port Charlotte, FL 33948**

6.1 TITLE **D** ☐ Change ☒ Addition

NAME **Betty Williams**  
STREET ADDRESS **4500 Marina port Charlotte, FL**

14. I 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.

SIGNATURE: *Carolyn Depenbrock*

3-4-98 9416298261

CR2E037 (10/97)