## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#712185** 

Apr 13, 2004 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

3320 LOVELAND BLVD.

PORT CHARLOTTE, FL 33980 LIS

**Current Mailing Address: New Mailing Address:** 

3320 LOVELAND BLVD.

PORT CHARLOTTE, FL 33980 US

FEI Number: 59-1264012 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HACKETT, JACK O HACKETT, JACK O 99 NESBIT ST. 115 EAST OLYMPIA AVENUE

PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 US

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: 04/13/2004

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

## **OFFICERS AND DIRECTORS:**

PORT CHARLOTTE, FL 33948

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PUNTA GORDA, FL 33950

(X) Change ( ) Addition () Delete

JIROUT, JUDY ROBERTS, BOB Name: Name: 3320 LOVELAND BLVD. Address: 1931 TAMIAMI TR. Address:

City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ( ) Delete Title: (X) Change ( ) Addition

ROBERTS, BOB Name: MCCLARY, NANCY Name: Address: 1931 TAMIAMI TR. Address: 2825 TAMIAMI TR.

Title: () Delete Title:

(X) Change ( ) Addition MCLARY, NANCY WHITE, NORM Name: Name:

Address: 11644 SW EGRET CIR. #1505 2825 TAMIAMI TR. Address:

City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: LAKE SUZY, FL 34269

(X) Change ( ) Addition Title: ( ) Delete Title: Name: SOUTH, BARB Name: DEANE, NANCY

1980 KINGS HWY BLVD 1980 KINGS HWY BLVD Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: PORT CHARLOTTE, FL 33980

Title: () Delete Title: (X) Change ( ) Addition LOGAN, CYNTHIA LOGAN, CYNTHIA

Name: Name: 1980 KINGS HWY BLVD 907 KINGS HWY BLVD Address: Address: PORT CHARLOTTE, FL 33980 PORT CHARLOTTE, FL 33980 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

GRAVESEN, MICHAEL JIROUT, JUDY Name: Name: Address: 4889 TAMIAMI TR Address: PO BOX 27115 PORT CHARLOTTE, FL 33980 EL JOBEAN, FL 33927 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOB ROBERTS Ρ 04/13/2004