

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712185

**FILED**  
**Jan 08, 2024**  
**Secretary of State**  
**1735644460CC**

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

**Current Principal Place of Business:**

3320 LOVELAND BLVD.  
PORT CHARLOTTE, FL 33980

**Current Mailing Address:**

3320 LOVELAND BLVD.  
PORT CHARLOTTE, FL 33980 US

**FEI Number: 59-1264012**

**Certificate of Status Desired: No**

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

HACKETT, JACK O  
99 NESBIT ST.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name ANTUONO, ANTHONY  
Address 1133 BAL HARBOR BLVD, SUITE 1129  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name RIVERA, PETER  
Address 1808 TAMIAMI TRAIL UNT D2  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name MARDIS, MARGARET  
Address 24001 PEACHLAND BLVD.  
UNIT 3  
City-State-Zip: PORT CHARLOTTE FL 33954

Title PAST PRESIDENT  
Name NIX, DANNY  
Address 2421 SHREVE ST., SUITE 111  
City-State-Zip: PUNTA GORDA FL 33950

Title PRESIDENT  
Name WALKER, LEANNE  
Address 110 SULLIVAN ST., UNIT 111  
City-State-Zip: PUNTA GORDA FL 33950

Title PRESIDENT-ELECT  
Name MARCH-TICHY, CINDY  
Address 1200 ESPLANADE D6  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name COOVERT, CRYSTAL  
Address 110 SULLIVAN ST., UNIT 111  
City-State-Zip: PUNTA GORDA FL 33950

Title TREASURER  
Name BOCKIN, JOHN  
Address 1133 BAL HARBOR BLVD, SUITE 1129  
City-State-Zip: PUNTA GORDA FL 33950

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*I hereby 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 all other like empowered.*

**SIGNATURE: LEANNE WALKER**

**PRESIDENT**

**01/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BEVIS, BOBBIE  
Address 1133 BAL HARBOR BLVD, SUITE 1129  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name GANT, ERIN  
Address 2705 TAMIAMI TRAIL 313  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name MATRULLO, MIKI  
Address 701 JC CENTER CT.  
UNIT 13  
City-State-Zip: PORT CHARLOTTE FL 33954

Title DIRECTOR  
Name LEAHEY, BOBBIE  
Address 1675 W MARION AVE STE 112  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name SHEPPARD, SAVANNAH  
Address 2705 TAMIAMI TRAIL 313  
City-State-Zip: PUNTA GORDA FL 33950