

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712185

FILED
Jan 28, 2019
Secretary of State
1999555508CC

Entity Name: PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATION OF REALTORS, 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 NEUHOFER, SHARON
Address 2825 TAMIAMI TR.
City-State-Zip: PUNTA GORDA FL 33950

Title TREASURER
Name LOGAN, CYNTHIA
Address 4200 TAMIAMI TR.
City-State-Zip: PORT CHARLOTTE FL 33948

Title PRESIDENT
Name NEWELL, AFRA
Address 1675 W. MARION AVE., SUITE 112
City-State-Zip: PUNTA GORDA FL 33950

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

Title PRESIDENT-ELECT
Name DRYBURGH, WILLIAM
Address 2825 TAMIAMI TR.
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name ROLLAND, KAREN
Address 1675 W MARION AVE STE 112
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 NIX, DANIEL
Address 2421 SHREVE ST STE 111
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: AFRA NEWELL

PRESIDENT

01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MARTIN, GORDON
Address 207 E. MAGNOLIA CENTER
City-State-Zip: ALCADIA FL 34266

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

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

Title DIRECTOR
Name MORRIS, ROGER
Address 101 TAYLOR ST.
City-State-Zip: PUNTA GORDA FL 33950