

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712185

FILED
Jan 14, 2015
Secretary of State
CC6399961454

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 DIRECTOR
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 DIRECTOR
Name BELL, NANCY
Address 1107 W. MARION AVE. #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 DIRECTOR
Name DRYBURGH, WILLIAM
Address 2825 TAMIAMI TR.
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name HENRY, BRUCE
Address 4200 TAMIAMI TR.
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR
Name MCCLARY, NANCY
Address 2825 TAMIAMI TR.
City-State-Zip: PUNTA GORDA FL 33950

Title PRESIDENT-ELECT
Name MCPHEE, VICKY
Address 4200 TAMIAMI TR.
City-State-Zip: PORT CHARLOTTE FL 33948

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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: JAMES QUINN

PRESIDENT

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title PRESIDENT
Name JAMES, QUINN
Address 1675 W MARION AVE STE 112
City-State-Zip: PUNTA GORDA FL 33950

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

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

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