

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712185

**FILED**  
**Jan 11, 2021**  
**Secretary of State**  
**5307852249CC**

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

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

Title           SECRETARY  
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           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: ARCADIA FL 34266

**Continues on page 2**

*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: WILLIAM DRYBURGH**

**PRESIDENT**

**01/11/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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

Title DIRECTOR  
Name SUMMEY, RANDY  
Address 1200 RETTA ESPLANADE  
D6  
City-State-Zip: PUNTA GORDA FL 33950