

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712185

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

**FILED**  
**Jan 20, 2016**  
**Secretary of State**  
**CC3784459093**

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

Title SECRETARY  
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  
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: VICKY MCPHEE**

**PRESIDENT**

**01/20/2016**

\_\_\_\_\_  
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 DIRECTOR  
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 PRESIDENT-ELECT  
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