

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712185

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 NEUHOFFER, SHARON
Address 2825 TAMIAMI TR.
City-State-Zip: PUNTA GORDA FL 33950

Title D
Name BELL, NANCY
Address 1107 W. MARION AVE. #112
City-State-Zip: PUNTA GORDA FL 33950

Title S
Name MEREDITH-PETERS, DEBORAH
Address 150 LAISHLEY CT STE 114
City-State-Zip: PUNTA GORDA FL 33950

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

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

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

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

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

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: JOHN BOCKIN**PRESIDENT****01/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

Title DIRECTOR
Name CHAD, MCCRORY
Address 150 LAISHLEY CT STE 114
City-State-Zip: PUNTA GORDA FL 33950