

2017 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	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	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	MCPHEE, VICKY
Address	4200 TAMIAMI TR.
City-State-Zip:	PORT CHARLOTTE FL 33948

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

Title	PRESIDENT
Name	RIVERA, PETER
Address	1808 TAMIAMI TRAIL UNT D2
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: PETER RIVERA**PRESIDENT****01/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name LILLY, MARIANNE
Address 1133 BAL HARBOR BLVD.
City-State-Zip: PUNTA GORDA FL 33950

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

Title DIRECTOR
Name PERRAULT, WILLIAM
Address 1808 TAMIAMI TR., UNIT D2
City-State-Zip: PORT CHARLOTTE FL 33948