

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005504

**Entity Name:** CHARLOTTE COUNTY COMPUTER GROUP CORPORATION

**Current Principal Place of Business:**

514 E GRACE ST  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

514 EAST GRACE STREET  
PUNTA GORDA, FL 33950 US

**FEI Number:** 05-0528272

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MUDD, GROVER  
514 EAST GRACE STREET  
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:** GROVER MUDD

04/27/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MUDD, GROVER  
Address        514 EAST GRACE STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title            VP  
Name            KRIDER, MARK  
Address        514 EAST GRACE STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title            SECRETARY  
Name            MUSCHONG, RONALD J  
Address        RONALD MUSCHONG  
City-State-Zip: PUNTA GORDA FL 33950

Title            DIRECTOR  
Name            ROBITAILLE, FRAN  
Address        514 EAST GRACE STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title            DIRECTOR  
Name            BURNS, MARY  
Address        514 EAST GRACE STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title            DIRECTOR  
Name            FLORES, TONY  
Address        514 EAST GRACE STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title            DIRECTOR  
Name            HAMMOND, SHIRLEY  
Address        514 EAST GRACE STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title            TREASURER  
Name            RIST, LYDIA J  
Address        RONALD MUSCHONG  
City-State-Zip: PUNTA GORDA FL 33950

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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:** RONALD J MUSCHONG

**SECRETARY**

04/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           KRUMWIEDE, JAN  
Address        514 EAST GRACE STREET,  
City-State-Zip: PUNTA GORDA FL 33950