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

DOCUMENT# N02000005504

Entity Name: CHARLOTTE COUNTY COMPUTER GROUP CORPORATION

FILED
Mar 08, 2021
Secretary of State
1637234856CC

**Current Principal Place of Business:** 

514 E GRACE ST

PUNTA GORDA, FL 33950

**Current Mailing Address:** 

P O BOX 494296

PORT CHARLOTTE. FL 33949 US

FEI Number: 05-0528272 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KOPENEC, GEORGE 2050 WINNINGWAY ST

PORT CHARLOTTE, FL 33948 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: GEORGE KOPENEC 03/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name KOPENEC, GEORGE Name EVANS, DICK

Address 2050 WINNINGWAY ST Address 584 LINCOLN AVE NW

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

TitleSECRETARYTitleTREASURERNameMUSCHONG, RONNameTODD, SANDY

Address 2821 W MARION AVE Address 233 E TARPON BLVD NW

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR Title DIRECTOR

Name MUDD, GROVER Name ROBITAILLE, FRANCIS

Address 22310 WALTON AVE Address 5 MARKER RD

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: ROTONDA WEST FL 33947

Title DIRECTOR Title DIRECTOR

NameRIST, LYDIANameFLEENOR, MARYAddress514 E GRACE STAddress514 E GRACE ST

City-State-Zip: PUNTA GORDA FL 33950 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: SANDY TODD TREASURER 03/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name KOPENEC, ROSE

Address 2050 WINNINGWAY AVE

City-State-Zip: PORT CHARLOTTE FL 33948