

**2023 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:**

P O BOX 494296  
PORT CHARLOTTE, FL 33949 US

**FEI Number:** 05-0528272

**Certificate of Status Desired:** No

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

FLEENOR, MARY  
2817 SANCHO PANZA CT  
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:** MARY FLEENOR

03/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FLEENOR, MARY  
Address        2817 SANCHO PANZA CT  
City-State-Zip: PORT CHARLOTTE FL 33950

Title            VP  
Name            SKILLICORN, GARY  
Address        2355 EL CERITO CT  
City-State-Zip: PUNTA GORDA FL 33950-6471

Title            SECRETARY  
Name            MUSCHONG, RONALD  
Address        2821 W MARION AVE  
City-State-Zip: PUNTA GORDA FL 33950-5057

Title            TREASURER  
Name            RIST, LYDIA  
Address        24437 HARBORVIEW ROAD  
                  # 79  
City-State-Zip: PORT CHARLOTTE FL 33980

Title            DIRECTOR  
Name            BURNS, MARY  
Address        26333 NADIR ROAD  
City-State-Zip: PUNTA GORDA FL 33983-6286

Title            DIRECTOR  
Name            ROBITAILLE, FRANCIS  
Address        5 MARKER RD  
City-State-Zip: ROTONDA WEST FL 33947

Title            DIRECTOR  
Name            COOK, KINGA  
Address        2550 EASY STREET  
City-State-Zip: PORT CHARLOTTE FL 33952-5477

Title            DIRECTOR  
Name            FLORES, TONY  
Address        161 BUCKEYE AVE NW  
City-State-Zip: PORT CHARLOTTE FL 33952-9064

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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**

03/08/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            KRIDER, MARK  
Address        1119 VIA TRIPOLI  
City-State-Zip: PUNTA GORDA FL 33950-6652