

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35837

Entity Name: PUNTA GORDA-PORT CHARLOTTE-NORTH PORT
ASSOCIATION OF REALTORS COMMUNITY ASSISTANCE FUND, 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: 59-2172679****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HACKETT, JACK O., II
99 NESBIT STREET
PUNTA GORDA, FL 33951-1447 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	LOGAN, CYNTHIA
Address	1032 TAMIAMI TRAIL, SUITE 7
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	DIRECTOR
Name	EMBURY, ODETTE
Address	1850 TAMIAMI TR.
City-State-Zip:	PORT CHARLOTTE FL 33948

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

Title	SECRETARY-TREASURER
Name	PIZARRO, LINDA
Address	3320 LOVELAND BLVD.
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	PRESIDENT
Name	ROLLAND, KAREN
Address	1675 W. MARION AVE. 115
City-State-Zip:	PUNTA GORDA FL 33980

Title	DIRECTOR
Name	NEWELL, AFRA
Address	1032 TAMIAMI TR.
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	PRESIDENT-ELECT
Name	NEUHOFFER, SHARON
Address	2885 TAMIAMI TR.
City-State-Zip:	PUNTA GORDA FL 33950

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: LINDA PIZARRO**SECRETARY/TREASURER 01/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date