2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712185

FILED Apr 12, 2005 Secretary of State

Entity Name: PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business: New Principal Place of Business: 3320 LOVELAND BLVD. PORT CHARLOTTE, FL 33980 US **Current Mailing Address: New Mailing Address:** 3320 LOVELAND BLVD. PORT CHARLOTTE, FL 33980 US FEI Number: 59-1264012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ROBERTS, BOB MCCLARY, NANCY Name: Name: 1931 TAMIAMI TR. Address: 2825 TAMIAMI TR. Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PUNTA GORDA, FL 33950 Title: Title: (X) Change () Addition () Delete WISHARD, KRISTINE MCCLARY, NANCY Name: Name: Address: 2825 TAMIAMI TR. Address: 23081 HARBORVIEW RD., SECOND FLOOR City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PORT CHARLOTTE, FL 33980 Title: () Delete Title: (X) Change () Addition WHITE, NORM MACWILLIAMS, JUDY Name: Name: 11644 SW EGRET CIR. #1505 Address: Address: 2762-A TAMIAMI TR. City-St-Zip: LAKE SUZY, FL 34269 City-St-Zip: PORT CHARLOTTE, FL 33952 Title: () Delete Title: (X) Change () Addition Name: DEANE, NANCY Name: CAIRNS, CAROL 1980 KINGS HWY BLVD Address: Address: 1203 W. MARION AVE. City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: PUNTA GORDA, FL 33950 Title: () Delete Title: () Change () Addition LOGAN, CYNTHIA Name: Name: 907 KINGS HWY BLVD Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: Title: () Delete Title: () Change () Addition JIROUT, JUDY Name: Name: Address: PO BOX 27115 Address: EL JOBEAN, FL 33927 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY MCCLARY P 04/12/2005