

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 717891

1. Entity Name
PORT CHARLOTTE GARDEN CLUB, INC.



Principal Place of Business
**17219 OHARA DR
PORT CHARLOTTE, FL 33948 US**

Mailing Address
**17219 OHARA DR
PORT CHARLOTTE, FL 33948 US**



01232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2537743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERRIOLA, LEE ANN
17219 OHARA DR
PORT CHARLOTTE, FL 33948**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lee Ann Ferriola*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-1-08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FERRIOLA, LEEANN 17219 OHARA DR PORT CHARLOTTE, FL 33948
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WITZKE, SANDI 122 COLONIAL ST SW PORT CHARLOTTE, FL 33952
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS TERAVEST, GAIL 3160 TARRYTOWN ST PORT CHARLOTTE, FL 33952
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRANCUS, SUE 18344 DRIGGERS AVE PORT CHARLOTTE, FL 33948
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000836536
03/04/08-80013-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lee Ann Ferriola*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08
Date

941 627-9013
Daytime Phone #