

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90043 050 ****61.25

DOCUMENT # 743657

1. Entity Name

REGENCY HOUSE OF PORT CHARLOTTE - A
CONDOMINIUM, INC.



Principal Place of Business

CHARLOTTE SQUARE CONDOMINIUMS
MANAGER'S OFFICE 2296 AARON ST.
PORT CHARLOTTE FL 33952-5369

Mailing Address

CHARLOTTE SQUARE CONDOMINIUMS
MANAGER'S OFFICE 2296 AARON ST.
PORT CHARLOTTE FL 33952-5369

34000001



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2013468

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPOTO, WILLIAM
2300 AARON STR
PT CHARLOTTE FL 33952

Name GURALNICK, HOWARD

Street Address (P.O. Box Number is Not Acceptable)

2300 AARON Street

PORT CHARLOTTE

City PORT CHARLOTTE

FL

Zip Code

33952

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

Howard Guralnick

Signature, typed or printed name of registered agent and title if applicable.

HOWARD GURALNICK

(NOTE: Registered Agent signature required when reinstalling)

3/19/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME SPOTO, WILLIAM
STREET ADDRESS 2300 AARON ST. #205
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Delete
NAME CAYEA, MARIE
STREET ADDRESS 2300 AARON ST. #303
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VD ☐ Change ☒ Addition
NAME McCullough, Cheryl
STREET ADDRESS 2300 AARON ST #112
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE TD ☐ Delete
NAME CHINN, ELBERT A
STREET ADDRESS 2300 AARON ST UNIT 110
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DEVANEY, ANN
STREET ADDRESS 2300 AARON ST. #311
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE Devaney, ANN ☒ Change ☐ Addition
NAME 2300 AARON ST #311
STREET ADDRESS PORT CHARLOTTE FL 33952
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GURALNICK, HOWARD
STREET ADDRESS 2300 AARON ST. #212
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE PD ☒ Change ☐ Addition
NAME GURALNICK, HOWARD
STREET ADDRESS 2300 AARON ST #212
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME GRAY, Bob
STREET ADDRESS 2300 AARON STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Howard Guralnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD GURALNICK 3/19/04 (941) 7439295

Date

Daytime Phone #