

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:12

DOCUMENT # 767939 (2)
1. Corporation Name
HOMEOWNERS OF PORT CHARLOTTE VILLAGE, INC.

Principal Place of Business Mailing Address
1000 KINGS HIGHWAY OFFICE PT. CHARLOTTE FL 33980
1000 KINGS HIGHWAY OFFICE PT. CHARLOTTE FL 33980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/13/1983 3a. Date of Last Report 01/25/1994
4. FEI Number 59-2283369 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOTITZKY, EDWARD L
201 W MARION AVENUE SUITE 301
PUNTA GORDA FL 33950

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOVACH, ELEANOR
STREET ADDRESS	1000 KINGS HWY #114
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	SD
NAME	CURTIS, ASTRID
STREET ADDRESS	1000 KINGS HWY #353
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	TD
NAME	HARDING, CHARLES F
STREET ADDRESS	1000 KINGS HWY #126
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	VPD
NAME	FORD, HENRY
STREET ADDRESS	1000 KINGS HWY #388
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	PD	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VPD	☐ Change ☒ Addition
5.2 NAME	KATHRYN WOLFE	
5.3 STREET ADDRESS	1000 KINGS HIGHWAY #201	
5.4 CITY - ST - ZIP	PORT CHARLOTTE, FLORIDA 33980	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles F. Harding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/95

625-4105