

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33980-4208**

3. Date Incorporated or Qualified **04/13/1983** 3a. Date of Last Report **01/31/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2283369	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

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
223 TAYLOR ST.
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD KOVACH, ELEANOR 1000 KINGS HWY #114 PORT CHARLOTTE FL	1.1 TITLE	PRES & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD CURTIS, ASTRID 1000 KINGS HWY #353 PORT CHARLOTTE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD HARDING, CHARLES F 1000 KINGS HWY #126 PORT CHARLOTTE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD FORD, HENRY 1000 KINGS HWY #388 PORT CHARLOTTE FL	4.1 TITLE	DIRECTOR ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WOLFE, KATHRYN 1000 KINGS HIGHWAY #201 PORT CHARLOTTE FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	LEON FORD
STREET ADDRESS		5.3 STREET ADDRESS	1000 KINGS HWY #471
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	D WITTMER, EDWARD 1000 KING HWY #308 PORT CHARLOTTE FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 this 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** **RECEIVED** **Charles F. Harding** Treasurer

1-17-97

941-625-4105

CR2E037 (9/96)