


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90172 010 ****61.25

DOCUMENT # 770462 1. Entity Name OLD PUNTA GORDA, INC.					
Principal Place of Business 118 SULLIVAN ST PUNTA GORDA, FL 33950 US			Mailing Address P.O. BOX 510595 PUNTA GORDA, FL 33951-0595 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2361235	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CASSIDY, JOANN 624 TRABUE AVENUE PUNTA GORDA, FL 33950				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	TD KNOWLTON, GARY B <input checked="" type="checkbox"/> Delete 1625 MONTHA CT. PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVID DICKERSON <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 610 Palm Ave Punta Gorda FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISBY, NANCY <input type="checkbox"/> Delete 527 W PALM AVENUE PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	X P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, FRAN <input type="checkbox"/> Delete 1512 RIO DE JANEIRO PUNTA GORDA, FL 33983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WROBBEL, HELEN <input type="checkbox"/> Delete 8030 RIVERSIDE DR PUNTA GORDA, FL 33982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wrobbel, Helen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, ROBERT <input type="checkbox"/> Delete 320 SHREVE STREET PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	X <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DAVID DICKERSON 4/25/2006 <small>Date Daytime Phone #</small>		

941-575-7366