

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 24 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770925 (6)

1. Corporation Name

WEST CHARLOTTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6400 PENNELL STREET
ENGLEWOOD FL 34224**

**6400 PENNELL STREET
ENGLEWOOD FL 34224**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2383899

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOTITZKY, LEO
201 WEST 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	TENDAM, HAROLD L
STREET ADDRESS	9372 ARNAZ CIR.
CITY- ST- ZIP	PORT CHARLOTTE FL
TITLE	VD
NAME	WHITAKER, CONSTANCE C
STREET ADDRESS	13584 CLARA LANE
CITY- ST- ZIP	PORT CHARLOTTE FL
TITLE	TD
NAME	O'CONNELL, LAURENCE
STREET ADDRESS	10309 WILLING AVE
CITY- ST- ZIP	ENGLEWOOD FL
TITLE	SD
NAME	GETZ, ELIZABETH L
STREET ADDRESS	2121 MICHIGAN AVE.
CITY- ST- ZIP	ENGLEWOOD FL
TITLE	D
NAME	MORELAND, RICHARD
STREET ADDRESS	11232 CARNEGIE AVE.
CITY- ST- ZIP	ENGLEWOOD FL
TITLE	D
NAME	TRINGALI, JOSEPH A.
STREET ADDRESS	258 CADDY ROADAVE.
CITY- ST- ZIP	ROTONDA WEST FL

1.1 TITLE	☐ 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	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 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:

Harold L. Tendam

HAROLD L. TENDAM, PRESIDENT

4-18-95

697-3563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

My/Her Phone #