

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90006 045 ***150.00

DOCUMENT # *L59557*

1. Entity Name

RAAH of Charlotte County, INC



Principal Place of Business

Mailing Address

*5601 Duncan Rd
Punta Gorda, FL 33982*

*5601 Duncan Rd
Punta Gorda
FL 33982*

40124048 ✓

DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0195693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

*Wood, Michael F
4900 Rustic Dr
Punta Gorda, FL 33982*

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<i>PT</i>
NAME	<i>Wood, Michael F</i>
STREET ADDRESS	<i>4900 Rustic Dr</i>
CITY - ST - ZIP	<i>Punta Gorda, FL 33982</i>
TITLE	<i>V</i>
NAME	<i>Stanley Room</i>
STREET ADDRESS	<i>1254 Oxycess Court</i>
CITY - ST - ZIP	<i>Punta Gorda, FL 33983</i>
TITLE	<i>T</i>
NAME	<i>Rose Susan V</i>
STREET ADDRESS	<i>363 Halcroft Terr</i>
CITY - ST - ZIP	<i>Port Charlotte, FL 33951</i>
TITLE	<i>T</i>
NAME	<i>Idewood Elizabeth</i>
STREET ADDRESS	<i>5601 Duncan Rd A-42</i>
CITY - ST - ZIP	<i>Punta Gorda, FL 33982</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/07 (941) 575-1286
Date Daytime Phone #

ATTACHMENT

40124048

R.A.A.H. OF CHARLOTTE COUNTY INC.

DBA/ LAKEWOOD VILLAGE

5601 Duncan Rd.

Punta Gorda, FL 33982

Telephone 941-575-1286

FAX: 941-575-6446

RAAH of Charlotte County, Inc
5601 Duncan Rd.
Punta Gorda, FL 33982

July 2, 2007

Florida Dept of State
Division of Corporations
P.O. Box 8700
Tallahassee, FL 32314

Reg: Document #L59557

To Whom It May Concern:

This is to inform you that the 2007 For Profit Corporation Annual Report was never received.

Enclosed is a preprinted form with a check for the amount of \$150.00 fee. Enclosed is also the post card which was received today as a Notice of Intent to Dissolve.

Respectfully



Elsa L Ikewood
Secretary

Encl/3