

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90093 037 ****61.25

DOCUMENT # N01000002684					
1. Entity Name PUNTA GORDA HOUSING AUTHORITY RESIDENT COUNCIL, INC.					
Principal Place of Business 414 E Charlotte ave Punta gorda, FL 33950			Mailing Address 414 E Charlotte Ave PUNTA GORDA, FL 33950		
2. Principal Place of Business E Charlotte Ave		3. Mailing Address E Charlotte Ave		01052005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-1104278	
City & State Punta Gorda, FL		City & State Punta Gorda, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33950		Country USA		Zip 33950	
Country USA		Country USA		6. Name and Address of Current Registered Agent	
FARINO, JEAN 420 MYRTLE ST. PUNTA GORDA, FL 33951				7. Name and Address of New Registered Agent	
414 E. Charlotte Ave.				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 <u>Jean Farino</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				4/25/2005 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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 PD	NAME MYERS, PATRICIA T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 406 E. CHARLOTTE AVE.	PUNTA GORDA, FL 33950		NAME	Neissa JUAN	
CITY-ST-ZIP PUNTA GORDA, FL 33950	PUNTA GORDA, FL 33950		STREET ADDRESS 459 Milos Street	Punta Gorda, FL 33950	
TITLE VD	NAME HAMILTON, VALERIE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 416 MYRTLE ST. #1	PUNTA GORDA, FL 33950		NAME	Cheryl Terry	
CITY-ST-ZIP PUNTA GORDA, FL 33950	PUNTA GORDA, FL 33950		STREET ADDRESS 406 Fitzhugh Ave	Punta Gorda, FL 33950	
TITLE SD	NAME MYERS, PATRICE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 406 E. CHARLOTTE AVE	PUNTA GORDA, FL 33950		NAME	D. Gues Hayes	
CITY-ST-ZIP PUNTA GORDA, FL 33950	PUNTA GORDA, FL 33950		STREET ADDRESS 414 Fitzhugh Ave	Punta Gorda, FL 33950	
TITLE TD	NAME CANNADY, MARTHA	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 732 HAZEL ST. #2	PUNTA GORDA, FL 33950		NAME	D. Gues Hayes	
CITY-ST-ZIP PUNTA GORDA, FL 33950	PUNTA GORDA, FL 33950		STREET ADDRESS 414 Fitzhugh Ave	Punta Gorda, FL 33950	
TITLE D	NAME O'BRISKI, JOSEPHINE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 734 HAZEL ST.	PUNTA GORDA, FL 33950		NAME	D. Gues Hayes	
CITY-ST-ZIP PUNTA GORDA, FL 33950	PUNTA GORDA, FL 33950		STREET ADDRESS 414 Fitzhugh Ave	Punta Gorda, FL 33950	
TITLE D	NAME BETTEMAN, DIANE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 730 HAZEL ST. #4	PUNTA GORDA, FL 33950		NAME	D. Gues Hayes	
CITY-ST-ZIP PUNTA GORDA, FL 33950	PUNTA GORDA, FL 33950		STREET ADDRESS 414 Fitzhugh Ave	Punta Gorda, FL 33950	
12. I 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 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 <u>Patricia T. Myers</u>			4/25/05 941-5056698		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		