

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90061 035 ****61.25

DOCUMENT # N01000002684					
1. Entity Name PUNTA GORDA HOUSING AUTHORITY RESIDENT COUNCIL, INC.					
Principal Place of Business E CHARLOTTE AVENUE PUNTA GORDA, FL 33950			Mailing Address E CHARLOTTE AVENUE PUNTA GORDA, FL 33950		
2. Principal Place of Business <i>414 E Charlotte Ave</i>		3. Mailing Address <i>414 E Charlotte Ave</i>			
Suite, Apt. #, etc. <i>Punta Gorda</i>		Suite, Apt. #, etc.			
City & State		City & State <i>Punta Gorda FL</i>			
Zip <i>33958</i>	Country <i>Charlotte</i>	Zip <i>33958</i>	Country <i>Charlotte</i>		
4. FEI Number 65-1104278				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARINO, JEAN 414 E CHARLOTTE AVENUE PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent 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 <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	PD MYERS, PATRICIA T 406 E. CHARLOTTE AVE. PUNTA GORDA, FL 33950 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEISSA, JUAN 459 MILOS STREET PUNTA GORDA, FL 33950 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, PATRICE 406 E. CHARLOTTE AVE PUNTA GORDA, FL 33950 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TERRY, CHERYL 426 FITZHUGH AVENUE PUNTA GORDA, FL 33950 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, Phillip 412 E. CHARLOTTE AVE Punta Gorda, FL 33950 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRISKI, JOSEPHINE 734 HAZEL ST. PUNTA GORDA, FL 33950 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, GWEN 414 FITZHUGH AVENUE PUNTA GORDA, FL 33950 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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: <i>Patricia Myers</i> <i>March 6, 2006</i> <i>941-505-6698</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					