2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

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Entity Name: PUNTA GORDA HOUSING AUTHORITY RESIDENT COUNCIL, INC.

Current Principal Place of Business:

414 E CHARLOTTE AVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

414 E CHARLOTTE AVE
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-1104278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARINO, JEAN
414 E CHARLOTTE AVENUE
PUNTA GORDA, FL 33951 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MYERS, PATRICIA T	
Address:	406 E. CHARLOTTE AVE.	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	VD	(X) Delete
Name:	NEISSA, JUAN	
Address:	459 MILOS STREET	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	SD	( ) Delete
Name:	MYERS, PATRICE	
Address:	406 E. CHARLOTTE AVE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	TD	( ) Delete
Name:	DAVIS, PHILLIP	
Address:	412 E CHARLOTTE AVE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	O'BRISKI, JOSEPHINE	
Address:	734 HAZEL ST.	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	HAYES, GWEN	
Address:	414 FITZHUGH AVENUE	
City-St-Zip:	PUNTA GORDA, FL 33950	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICA MYERS PD 03/08/2007

Electronic Signature of Signing Officer or Director — Date