## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002684

FILED Apr 14, 2009 Secretary of State

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

Current Pr	incipal Place of Business:	New Principal Place of Business:	
414 E CHAI	RLOTTE AVE	340 GULF BREEZE AVENUE	
	RDA, FL 33950	PUNTA GORDA, FL. 33950	
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Current Ma	ailing Address:	New Mailing Address:	
44.4.5.01.141	DLOTTE AVE	240 OLU E DDEEZE AVENUE	
	RLOTTE AVE PRDA, FL 33950	340 GULF BREEZE AVENUE PUNTA GORDA, FL 33950	
ONTAGE	NDA, 1 E 33330	TONTA GONDA, LE 33330	
El Number:	65-1104278 FEI Number App	olied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired	( )
Name and	Address of Current Register	red Agent: Name and Address of New Registered Agent:	
FARINO. JE	=ΔΝ	FARINO. JEAN	
	RLOTTE AVENUE	340 GULF BREEZE AVENUE	
	RDA, FL 33951 US	PUNTA GORDA, FL 33950 US	
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	named entity submits this state	ement for the purpose of changing its registered office or registered agent, or	both,
n the State	of Florida.	2444999	
n the State	of Florida. * E:	04/14/2009	
n the State	of Florida.		
n the State SIGNATUR	of Florida. * E:		ECTOF
n the State BIGNATUR	of Florida.  E:  Electronic Signature of F	Registered Agent Date	ЕСТОБ
n the State SIGNATUR DFFICERS	of Florida.  E:  Electronic Signature of F  AND DIRECTORS:	Registered Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRE	ЕСТОБ
n the State SIGNATUR  DFFICERS  itle: lame: kddress:	of Florida.  E: Electronic Signature of F  AND DIRECTORS:  PD () Delete MYERS, PATRICIA T 406 E. CHARLOTTE AVE.	Registered Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: ( ) Change ( ) Addition  Name: Address:	ЕСТОБ
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I hereby certify that the information supplied with this filing does not qualify 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: JEAN FARINO ED 04/14/2009