

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90163 011 \*\*\*\*61.25

**DOCUMENT # N01000002684**



1. Entity Name  
**PUNTA GORDA HOUSING AUTHORITY RESIDENT COUNCIL, INC.**

Principal Place of Business  
**420 MYRTLE ST  
PUNTA GORDA FL 33950**

Mailing Address  
**402 E. MARION AVE.  
B-15  
PUNTA GORDA FL 33950**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1104278**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	<input type="checkbox"/> Delete
NAME	MYERS, PATRICIA T	
STREET ADDRESS	406 E. CHARLOTTE AVE.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DUDDY, JAMES	
STREET ADDRESS	428 MYRTLE ST.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BETTMANN, DIANNE	
STREET ADDRESS	730 HAZEL ST.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOBLE, VINCENT	
STREET ADDRESS	402 E. MARION AVE.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRISKI, JOSEPHINE	
STREET ADDRESS	734 HAZEL ST.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTMANN, Dianne	
STREET ADDRESS	730 HAZEL ST # 4	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Isabel Carmona	
STREET ADDRESS	412 E. Charlotte Ave	
CITY-ST-ZIP	Punta Gorda FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Patricia Myers*

for 9, 2003

941-505-6698

CR2E037 (10/02)