

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N35440 (9)
1. Corporation Name
PORT CHARLOTTE VILLAGE RENTERS' ASSOCIATION, INC.

95 FEB 20 AM 11:11

Principal Place of Business

Mailing Address

1000 KINGS HWY
UNIT 354
PT CHARLOTTE FL 33980
US

C/O JOHN O'BOOK
1000 KINGS HWY UNIT 354
PORT CHARLOTTE FL 33980
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/27/1989	3a. Date of Last Report 03/03/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent O'BOOK, JOHN 1000 KINGS HWY, UNIT 354 PORT CHARLOTTE FL 33980	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'BOOK, JOHN 1000 KINGS HWY #354 PORT CHARLOTTE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPRINGMAN, MARIE 1000 KINGS HWY #260 PORT CHARLOTTE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	SD KLEIN, ROBERT 1000 KINGS HWY #79 PORT CHARLOTTE, FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEN, ROGER M. 1000 KINGS HWY #225 PORT CHARLOTTE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAUNHARDT, WALTER H. 1000 KINGS HWY #35 PORT CHARLOTTE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D WISOTZKI, HORST 1000 KINGS HWY #439 PORT CHARLOTTE, FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUMMERS, LESTER J. 1000 KINGS HWY #371 PORT CHARLOTTE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	VD ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HINTON, CARLOS 1000 KINGS HWY. #38 PORT CHARLOTTE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	TP ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(K), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carlos Hinton* Treasurer 2-13-95 813-627-0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR