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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35440 (9)

1. Corporation Name

PORT CHARLOTTE VILLAGE RENTERS' ASSOCIATION, INC.



Principal Place of Business

1000 KINGS HWY
UNIT 354
PT CHARLOTTE FL 33980
US

Mailing Address

C/O JOHN O'BOOK
1000 KINGS HWY UNIT 354
PORT CHARLOTTE FL 33980-4210
US

2. Principal Place of Business

21 1000 KINGS HWY

Suite, Apt. #, etc.

22 UNIT 260

City & State

23 PT CHARLOTTE FL

Zip

24 33980

Country

25 U.S.

2a. Mailing Address

26 1000 KINGS HWY

Suite, Apt. #, etc.

27 UNIT 260

City & State

28 PT CHARLOTTE FL

Zip

29 33980

Country

30 U.S.

3. Date Incorporated or Qualified
11/27/19893a. Date of Last Report
01/29/19964. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 MARIE SPRINGMAN
82 Street Address (P.O. Box Number is Not Acceptable)
1000 KINGS HWY UNIT 260
83
84 City PORT CHARLOTTE FL 85 Zip Code 33980

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Marie Springman*

2-11-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDD
NAME O'BOOK, JOHN
STREET ADDRESS 1000 KINGS HWY #354
CITY-ST-ZIP PORT CHARLOTTE FL ☒ DELETETITLE SD
NAME KLEIN, ROBERT
STREET ADDRESS 1000 KINGS HWY #79
CITY-ST-ZIP PORT CHARLOTTE FL ☐ DELETETITLE D
NAME ALLEN, ROGER M.
STREET ADDRESS 1000 KINGS HWY #225
CITY-ST-ZIP PORT CHARLOTTE FL ☒ DELETETITLE D
NAME WISOTZKI, HORST
STREET ADDRESS 100 KINGS HWY #439
CITY-ST-ZIP PORT CHARLOTTE FL ☐ DELETETITLE VDD
NAME SUMMERS, LESTER J.
STREET ADDRESS 1000 KINGS HWY #371
CITY-ST-ZIP PORT CHARLOTTE FL ☒ DELETETITLE TDD
NAME HINTON, CARLOS
STREET ADDRESS 1000 KINGS HWY. #38
CITY-ST-ZIP PORT CHARLOTTE FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDD
1.2 NAME SPRINGMAN, MARIE
1.3 STREET ADDRESS 1000 KINGS HWY # 260
1.4 CITY-ST-ZIP PT CHARLOTTE, FL ☐ Change ☒ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE D
3.2 NAME O'BOOK, JOHN
3.3 STREET ADDRESS 1000 KINGS HWY #354
3.4 CITY-ST-ZIP PT CHARLOTTE, FL ☐ Change ☒ Addition4.1 TITLE VDD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☒ Change ☐ Addition5.1 TITLE TDD
5.2 NAME CREEMAN, HAROLD
5.3 STREET ADDRESS 1000 KINGS HWY #181
5.4 CITY-ST-ZIP PORT CHARLOTTE FL ☐ Change ☒ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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: *Marie Springman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97 (941) 627-5105

Date

Daytime Phone 0068200

CR2E037 (9/96)