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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # N35440 (9)

1. Corporation Name

PORT CHARLOTTE VILLAGE RENTERS' ASSOCIATON, INC.

[redacted]

Principal Place of Business

1000 KINGS HWY
UNIT ~~300~~ 260
PT CHARLOTTE FL 33980
US

Mailing Address

MARIE SPRINGMAN
C/O [redacted]
1000 KINGS HWY UNIT ~~300~~ 260
PORT CHARLOTTE FL 33980
US

3. Date Incorporated or Qualified: 11/27/1989

3a. Date of Last Report: 02/20/~~1998~~1997

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 — Country — 25

Zip — 29 — Country — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARIE SPRINGMAN
[redacted]
1000 KINGS HWY, UNIT ~~300~~ 260
PORT CHARLOTTE FL 33980

10. Name and Address of New Registered Agent

81 Name: HAROLD CREENAN

82 Street Address (P.O. Box Number is Not Acceptable): 1000 KINGS HWY # 181

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: Harold Creenan — HAROLD CREENAN, PRESIDENT — 3-26-98
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	PDD	☒ DELETE	1.1 TITLE	PDD	☐ Change ☒ Addition
NAME	SPRINGMAN, MARIE		1.2 NAME	CREENAN, HAROLD	
STREET ADDRESS	1000 KINGS HWY #~~300~~ 260		1.3 STREET ADDRESS	1000 KINGS HWY #181	
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, ROBERT		2.2 NAME		
STREET ADDRESS	1000 KINGS HWY #79		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	TDD	☐ Change ☒ Addition
NAME	O'BOOK, JOHN		3.2 NAME	FREEMAN, CARL	
STREET ADDRESS	1000 KINGS HWY #~~300~~ 354		3.3 STREET ADDRESS	1000 KINGS HWY #21	
CITY-ST-ZIP	PORT CHARLOTTE FL		3.4 CITY-ST-ZIP		
TITLE	VDD	☒ DELETE	4.1 TITLE	VDD	☐ Change ☒ Addition
NAME	WISOTZKI, HORST		4.2 NAME	SCHNELLE, MARJORIE	
STREET ADDRESS	100 KINGS HWY #439		4.3 STREET ADDRESS	1000 KINGS HWY #183	
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 CITY-ST-ZIP		
TITLE	TDD ~~VDD~~	☒ DELETE	5.1 TITLE		☒ Change ☒ Addition
NAME	CREENAND, HAROLD		5.2 NAME		
STREET ADDRESS	1000 KINGS HWY #~~300~~ 181		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		5.4 CITY-ST-ZIP		
TITLE	~~TDD~~	☒ DELETE	6.1 TITLE	000002476680	☐ Change ☐ Addition
NAME	~~[redacted]~~		6.2 NAME	-04/02/98--01006--031	
STREET ADDRESS	~~[redacted]~~		6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	~~PORT CHARLOTTE FL~~		6.4 CITY-ST-ZIP		

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CR2E037 (12/95)

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 119.07(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 [illegible]

SIGNATURE: Harold Creen — 3-26-98 — 941-629-5027