

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35837

FILED  
Apr 13, 2004  
Secretary of State

**Entity Name:** PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATION OF REALTORS COMMUNITY ASSISTANCE FUND, INC.

**Current Principal Place of Business:**

3320 LOVELAND BLVD.  
PORT CHARLOTTE, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

3320 LOVELAND BLVD.  
PORT CHARLOTTE, FL 33980 US

**New Mailing Address:**

**FEI Number:** 59-2172679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HACKETT, JACK O., II  
99 NESBIT STREET  
PUNTA GORDA, FL 339511447 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PED ( ) Delete  
Name: PERRAULT, BILL  
Address: 1934 TAMiami TR  
City-St-Zip: PORT CHARLOTTE, FL

Title: DS ( ) Delete  
Name: PIZARRO, LINDA  
Address: 3320 LOVELAND BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: PD ( ) Delete  
Name: POWELL, DAVE  
Address: 1200 W RETTA ESPLANADE  
City-St-Zip: PUNTA GORDA, FL

Title: D ( ) Delete  
Name: BISHOP-WILSON, LINDA  
Address: 4301 SIBLEY BAY STREET  
City-St-Zip: CHARLOTTE HARBOR, FL

Title: D ( ) Delete  
Name: SHAYMAN, PHILIP  
Address: 1931 TAMiami TRL  
City-St-Zip: PORT CHARLOTTE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILL PERRAULT

P

04/13/2004

Electronic Signature of Signing Officer or Director

Date