

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N40177 (0)**  
1. Corporation Name  
**THE HOUSING CORPORATION OF CHARLOTTE COUNTY, INC**



Principal Place of Business <b>C/O BILL NOEL P O BOX 3863 PORT CHARLOTTE FL 33949</b>	Mailing Address <b>C/O BILL NOEL P O BOX 3863 PORT CHARLOTTE FL 33949</b>
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3. Date Incorporated or Qualified <b>07/24/1990</b>	3a. Date of Last Report <b>06/06/1995</b>
4. FEI Number <b>65-0235017</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1720 El Jobean Road</b> Suite, Apt. #, etc. 22 <b>Unit 204</b> City & State 23 <b>Port Charlotte, FL</b> Zip 24 <b>33948</b>	2a. Mailing Address 26 <b>P.O. Box 3863</b> Suite, Apt. #, etc. 27 City & State 28 <b>Port Charlotte, FL</b> Zip 29 <b>33949</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>MILONAS, TASO M. 1819 MAIN ST STE 1100 SARASOTA FL 34236</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (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	<b>DP NOEL, BILL 18500 MURDOCK CIRCLE PORT CHARLOTTE FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP FEHR, JEFFREY 18501 MURDOCK CIRCLE PORT CHARLOTTE FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS NORDELL, BEN G 1777 TAMAMI TRAIL PORT CHARLOTTE FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Treasurer Robert Andresen 1777 Tamami Trail Murdock, FL 33948</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOFF, WAYNE 1801 W. MANON AVE. PUNTA GORDA FL 33950</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director Robert Alessandro 380 Center Street Port Charlotte, FL 33952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BATSEL, GUY C 1861 PLACIDA RD S104 ENGLEWOOD FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLOMBE, SCOTT 630 WOODBURY DR. PORT CHARLOTTE FL 33948</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: William D. Noel January 31, 1996 (941) 255-9454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)