

# 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 Mailing Address  
**C/O BILL NOEL**  
**P O BOX 3863**  
**PORT CHARLOTTE FL 33949**

3. Date Incorporated or Qualified **07/24/1990** 3a. Date of Last Report **06/06/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>1720 El Jobean Road</b>	26 <b>P.O. Box 3863</b>	<b>65-0235017</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22 <b>Unit 204</b>	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 <b>Port Charlotte, FL</b>	28 <b>Port Charlotte, FL</b>		
Zip	Country		
24 <b>33948</b>	25 <b>USA</b>		
	29 <b>33949</b>		
	30 <b>USA</b>		

## 9. Name and Address of Current Registered Agent

**MILONAS, TASO M.**  
**1819 MAIN ST STE 1100**  
**SARASOTA FL 34236**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

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	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOEL, BILL</b>	1.2 NAME	
STREET ADDRESS	<b>18500 MURDOCK CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEHR, JEFFREY</b>	2.2 NAME	
STREET ADDRESS	<b>18501 MURDOCK CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NORDELL, BEN G</b>	3.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>1777 TAMAMI TRAIL</b>	3.3 STREET ADDRESS	<b>Robert Andreasen</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	3.4 CITY-ST-ZIP	<b>1777 Tamami Trail</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOFF, WAYNE</b>	4.2 NAME	<b>Director</b>
STREET ADDRESS	<b>1801 W. MANON AVE.</b>	4.3 STREET ADDRESS	<b>Robert Alessandro</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	4.4 CITY-ST-ZIP	<b>380 Center Street</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATSEL, GUY C</b>	5.2 NAME	
STREET ADDRESS	<b>1861 PLACIDA RD S104</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLOMBE, SCOTT</b>	6.2 NAME	
STREET ADDRESS	<b>630 WOODBURY DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>	6.4 CITY-ST-ZIP	

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**William D. Noel**

January 31, 1996

(941) 255-9454

Date

Daytime Phone #

CR2E037 (12/95)