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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1997



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
1720 EL JOBEAN ROAD **PO BOX 3863**
UNIT 204 **PORT CHARLOTTE FL 33949-3863**
PORT CHARLOTTE FL 33948 **US**
US

3. Date Incorporated or Qualified **07/24/1990** 3a. Date of Last Report **02/16/1996**

2. Principal Place of Business 2a. Mailing Address
21 18501 Murdock Circle **26 P.O. Box 380129**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0235017** Applied For
 Not Applicable

22 Suite 303 **27**
 City & State City & State
23 Port Charlotte, FL **28 Murdock, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 33948 **25 USA** **29 33938-0129** **30 USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	NOEL, BILL	
STREET ADDRESS	18500 MURDOCK CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FEHR, JEFFREY	
STREET ADDRESS	18501 MURDOCK CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ANDREASEN, ROBERT	
STREET ADDRESS	1777 TAMAMI TRAIL	
CITY-ST-ZIP	MURDOCK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOFF, WAYNE	
STREET ADDRESS	1601 W. MANON AVE.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALESSANDRO, ROBERT	
STREET ADDRESS	380 CENTER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLOMBE, SCOTT	
STREET ADDRESS	630 WOODBURY DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James King
4.3 STREET ADDRESS	2295 Aaron Street
4.4 CITY-ST-ZIP	Port Charlotte, FL 33952
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Scott Coulombe** **1/8/97** **(941) 255-9454**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone # 0057447

CR2E037 (9/96)