

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am  
Secretary of StateNONPROFIT  
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  
UNIT 204  
PORT CHARLOTTE FL 33948  
US****PO BOX 3863  
PORT CHARLOTTE FL 33949-3863  
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.

**22 Suite 303****27**

City &amp; State

City &amp; State

**23 Port Charlotte, FL****28 Murdock, FL**

Zip

Country

Zip

Country

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

4. FEI Number

**65-0235017**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**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

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	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	

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	James King
4.4 CITY - ST - ZIP	2295 Aaron Street 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Vice President
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Scott Coulombe**

Vice President

Date

**1/8/97****(941)****255-9454**Daytime Phone # **0057447**

CR2E037 (9/96)