

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 18501 MURDOCK CIR STE 303 PORT CHARLOTTE FL 33948 US	Mailing Address PO BOX 830129 MURDOCK FL 33938-0129 US
--------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

3. Date Incorporated or Qualified
07/24/1990

4. FEI Number
65-0235017

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☐ Yes ☒ No

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	
TITLE	DP <input type="checkbox"/> DELETE
NAME	NOEL, BILL
STREET ADDRESS	18500 MURDOCK CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D <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 TAMiami TRAIL
CITY-ST-ZIP	MURDOCK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KING, JAMES
STREET ADDRESS	2295 AARON ST
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ALESSANDRO, ROBERT
STREET ADDRESS	380 CENTER ST
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	COLOMBE, SCOTT
STREET ADDRESS	630 WOODBURY DR.
CITY-ST-ZIP	PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Director
1.3 STREET ADDRESS	G. David Powell
1.4 CITY-ST-ZIP	1043 Tropical Ave. Port Charlotte, FL 33948
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Gloria Mangual
2.4 CITY-ST-ZIP	P.O. Box 2138 Sarasota, FL 32430-5585
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

01/12/98 (941) 255-9454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Scott Coulombe**

Date Daytime Phone # 0082792

CR2E037 (10/97)