

FILE NOW: FILING FEE IS \$61.25

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**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
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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
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3. Date Incorporated or Qualified 07/24/1990
4. FEI Number 65-0235017
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
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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
85 Zip Code

FL

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		
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	COOLOMBE, SCOTT	
STREET ADDRESS	630 WOODBURY DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	G. David Powell	
1.3 STREET ADDRESS	1043 Tropical Ave.	
1.4 CITY-ST-ZIP	Port Charlotte, FL 33948	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gloria Mangual	
2.3 STREET ADDRESS	P.O. Box 2138	
2.4 CITY-ST-ZIP	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** _____ Date: **01/12/98** (941) 255-9454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Scott Coulombe** Daytime Phone # **0082792**

CR2E037 (10/97)