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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40177

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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2. Principal Place of Business 21	2a. Mailing Address 26 18501 Murdock Circle Suite, Apt. #, etc. 27 Suite 303	3. Date Incorporated or Qualified 07/24/1990
City & State 23	City & State 28 Port Charlotte, FL	4. FEI Number 65-0235017 Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 33948	Country 30 US
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NOEL, BILL 18500 MURDOCK CIRCLE PORT CHARLOTTE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Treasurer Gloria Jarvis P.O. Box 2138/SunTrust Bank Sarasota, FL 34230-5885 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEHR, JEFFREY 18501 MURDOCK CIRCLE PORT CHARLOTTE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Secretary Janet Oquendo 18500 Murdock Circle Port Charlotte, FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDREASEN, ROBERT 1777 TAMiami TRAIL MURDOCK FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Director Victoria Porter 319 Harbor Blvd. Port Charlotte, FL 33954 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JAMES 2295 AARON ST PORT CHARLOTTE FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director Dale Bowe P.O. Box 380759 Murdock, FL 33938-0759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, G DAVID 1043 TROPICAL AVE PORT CHARLOTTE FL 33948 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Vice President Roger Liephart 19505 Quesada Bvd. Box 2911 Port Charlotte, FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOLOMBE, SCOTT 630 WOODBURY DR. PORT CHARLOTTE FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Director Randall Dunn 2211 Bermuda Street Port Charlotte, FL 33980 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: **X** **JEFF FEHR** 03/21/99 (941) 255-9454
 SIGNATURE REQUIRED _____ DATE _____ DAYTIME PHONE # _____

REC-037 (1/1/99)