

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90043 007 \*\*\*\*61.25

**DOCUMENT # N40177**

1. Entity Name

**THE HOUSING CORPORATION OF CHARLOTTE COUNTY, INC**

Principal Place of Business

**18501 MURDOCK CIR  
 STE 303  
 PORT CHARLOTTE FL 33948  
 US**

Mailing Address

**18501 MURDOCK CIR  
 STE 303  
 PORT CHARLOTTE FL 33948  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0235017**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **JARVIS, GLORIA**  
 STREET ADDRESS **PO BOS 2138 SUN TRUST BNK**  
 CITY-ST-ZIP **SARASOTA FL 34230-5885**

TITLE ☐ Change ☒ Addition  
 NAME **President William Sherman**  
 STREET ADDRESS **2275 Aaron Street, Apt. D-101**  
 CITY-ST-ZIP **Port Charlotte, FL 33952**

S ☐ Delete  
 NAME **OQUENDO, JANET**  
 STREET ADDRESS **18500 MURDOCK CIR**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE ☐ Change ☒ Addition  
 NAME **Director Randall Dunn**  
 STREET ADDRESS **2211 Bermuda Street**  
 CITY-ST-ZIP **Port Charlotte, FL 33980**

D ☐ Delete  
 NAME **PORTER, VICTORIA**  
 STREET ADDRESS **319 HARBOR BLVD**  
 CITY-ST-ZIP **PT CHARLOTTE FL 33954**

TITLE ☐ Change ☒ Addition  
 NAME **Director Jeff Fehr**  
 STREET ADDRESS **1881 Citron Street**  
 CITY-ST-ZIP **Charlotte Harbor, FL 33980**

D ☐ Delete  
 NAME **POWELL, G DAVID**  
 STREET ADDRESS **1043 TROPICAL AVE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE ☐ Change ☒ Addition  
 NAME **Director Judith Willis**  
 STREET ADDRESS **23187 MacLellan Ave.**  
 CITY-ST-ZIP **Port Charlotte, FL 33980**

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: William Sherman 02/28/02 (941)255-9454**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)