

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90021 046 \*\*\*\*61.25

**DOCUMENT # N40177**

1. Entity Name

THE HOUSING CORPORATION OF CHARLOTTE COUNTY,  
INC.



Principal Place of Business

18501 MURDOCK CIR  
STE 301  
PORT CHARLOTTE FL 33948  
US

Mailing Address

18501 MURDOCK CIR  
STE 301  
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



1st MOORE

CR2E037 (10/05)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE Director ☐ Change ☒ Addition  
NAME Noel, William  
STREET ADDRESS 381 Strasburg Drive  
CITY-ST-ZIP Port Charlotte FL 33954

TITLE D ☐ Delete  
NAME BOWE, DALE  
STREET ADDRESS PO BOX 380724  
CITY-ST-ZIP MURDOCK FL 33938-0724

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

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

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

TITLE P ☐ Delete  
NAME SHERMAN, WILLIAM  
STREET ADDRESS 2275 AARON STREET APT D-101  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE D ☐ Delete  
NAME DUNN, RANDALL  
STREET ADDRESS 2211 BERMUDA STREET  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*