


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90015 019 \*\*\*\*61.25

<b>DOCUMENT # N40177</b> 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 - No P.O. Box # 1620 Tamiami Trail Suite/Apt. #, etc. 103 City & State Port Charlotte, FL Zip 33948 Country USA		3. Mailing Address 1620 Tamiami Trail Suite/Apt. #, etc. 103 City & State Port Charlotte, FL Zip 33948 Country USA	
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. Name and Address of Current Registered Agent MILONAS, TASO M. 1819 MAIN ST STE 1100 SARASOTA FL 34236	
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JARVIS, GLORIA PO BOS 2138 SUN TRUST BNK SARASOTA FL 34230-5885	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOEL, WILLIAM 381 STRASBURY DR PORT CHARLOTTE FL 33954	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWE, DALE PO BOX 380724 MURDOCK FL 33938-0724	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERMAN, WILLIAM 2275 AARON STREET APT D-101 PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, RANDALL 2211 BERMUDA STREET PORT CHARLOTTE FL 33980	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/06)

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:** *[Signature]* *G. David Powell* 3-8-07 (941) 255-9454