

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90005 032 ****61.25

DOCUMENT # N40177

1. Entity Name

THE HOUSING CORPORATION OF CHARLOTTE COUNTY,
INC.



Principal Place of Business

1620 TAMiami TRAIL
STE 103
PORT CHARLOTTE FL 33948
US

Mailing Address

1620 TAMiami TRAIL
STE 103
PORT CHARLOTTE FL 33948
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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 to be applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

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

TITLE **D** ☒ Delete
NAME NOEL, WILLIAM
STREET ADDRESS 381 STRASBURY DR
CITY-STATE-ZIP PORT CHARLOTTE FL 33954

TITLE **D** ☒ Delete
NAME BOWE, DALE
STREET ADDRESS PO BOX 380724
CITY-STATE-ZIP MURDOCK FL 33938-0724

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
NAME Judith R. Wilson
STREET ADDRESS 22212 Little Falls Avenue
CITY-STATE-ZIP Port Charlotte, FL 33952

TITLE **Director** ☐ Change ☒ Addition
NAME Glen Elder
STREET ADDRESS 24617 Harborview Road
CITY-STATE-ZIP Punta Gorda, FL 33980

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

G. David Powell

G. David Powell 02/14/08 (941)255-9454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR