

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40177

FILED
Apr 13, 2010
Secretary of State

Entity Name: THE HOUSING CORPORATION OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

4344 LAURA STREET
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

4344 LAURA STREET
PORT CHARLOTTE, FL 33980 US

New Mailing Address:

FEI Number: 65-0235017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: JARVIS, GLORIA
Address: PO BOS 2138 SUN TRUST BNK
City-St-Zip: SARASOTA, FL 342305885

Title: ST
Name: WILSON, JUDITH R
Address: 22212 LITTLE FALLS AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: ADOMATIS, SANDY
Address: 125 ROSELLE COURT
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP
Name: POWELL, G DAVID
Address: 1043 TROPICAL AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D
Name: DUNN, RANDALL
Address: 2211 BERMUDA STREET
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: CEO
Name: BALA, BRENDA
Address: 4344 LAURA STREET
City-St-Zip: PORT CHARLOTTE, FL 33980 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRENDA BALA

CEO

04/13/2010

Electronic Signature of Signing Officer or Director

Date