

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90038 029 *****61.25

DOCUMENT # N40177

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



Principal Place of Business

**18501 MURDOCK CIR
STE 300
PORT CHARLOTTE FL 33948
US**

Mailing Address

**18501 MURDOCK CIR
STE 300
PORT CHARLOTTE FL 33948
US**

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

301

Suite/Apt. #, etc.

301

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

**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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 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

President

3-31-03

(941)

255-9454

CR2E037 (10/02)