

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 11 1996 8:00 am

Secretary of State

DOCUMENT # N50083

(7)

1. Corporation Name

ST. CHARLES HOUSING II, INC.

Principal Place of Business

2550 EASY STREET
PORT CHARLOTTE FL 33952

Mailing Address

2550 EASY STREET
PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified
07/28/1992

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 22250 VICK STREET

26 22250 VICK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PORT CHARLOTTE FL

28 PORT CHARLOTTE FL

Zip

Country

Zip

Country

24 33980

25 USA

29 33980

30 USA

4. FEI Number
65-0352664

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS, J. LYNN
4865 ABADAN STREET
NORTH PORT FL 34287

81 Name

ATTY. JOSEPH DiVito

82

Street Address (P.O. Box Number is Not Acceptable)

DIVITO & HIGHAM, P.A.

83

4514 CENTRAL AVENUE

84

City

ST. PETERSBURG

FL

85 Zip Code

33711

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/3/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME STEPHENS, LYNN
STREET ADDRESS 4865 ABADAN STREET
CITY-ST-ZIP NORTH PORT FL

DELETE

TITLE D
NAME SAMSON, ROSEANN K.
STREET ADDRESS 1239 PRICE CIRCLE N.W.
CITY-ST-ZIP PORT CHARLOTTE FL

DELETE

TITLE D
NAME MCLOUGHLIN, NICHOLAS
STREET ADDRESS 21505 AUGUSTA AVENUE S-4
CITY-ST-ZIP PORT CHARLOTTE FL

DELETE

TITLE D
NAME BECKER, OLIVIA
STREET ADDRESS 826 N. LAKESHORE CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL

DELETE

TITLE D
NAME DOSTER, BETTY
STREET ADDRESS 14399 MADDOCK AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

DELETE

TITLE D
NAME HORNER, MICHAEL J.
STREET ADDRESS 222 NESBIT STREET
CITY-ST-ZIP PUNTA GORDA FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME MARRAPODI, GREGG
1.3 STREET ADDRESS 15121 GULISTAN AVENUE
1.4 CITY-ST-ZIP PUNTA GORDA FL 33953

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

OLIVIA BECKER OLIVIA BECKER

3-6-96

1-941-484-9543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)