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Apr 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N50083

(7)

1. Corporation Name

ST. CHARLES HOUSING II, INC.

Principal Place of Business

22250 VICK STREET
PORT CHARLOTTE FL 33980
US

Mailing Address

22250 VICK STREET
PORT CHARLOTTE FL 33980-2010
US



3. Date Incorporated or Qualified
07/28/1992

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

JOSEPH DIVITO, ESQ.
DIVITO & HIGHAM, P.A.
4514 CENTRAL AVENUE
ST. PETERSBURG FL 33711

81 Name

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

83

84 City

FL

85 Zip Code

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.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME MARRAPODI, GREGG
STREET ADDRESS 15121 GULISTAN AVE
CITY-ST-ZIP PUNTA GORDA FL

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME STEPHENS, LYNN
1.3 STREET ADDRESS 4865 ABADAN STREET
1.4 CITY-ST-ZIP NORTH PORT FLORIDA 34287

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME EDITH SUBASIC
2.3 STREET ADDRESS 1025 SISTINA ST
2.4 CITY-ST-ZIP PORT CHARLOTTE, FLA 33952

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

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

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME BALA, BRENDA
5.3 STREET ADDRESS 18501 MURDOCK CIRCLE SUITE 303
5.4 CITY-ST-ZIP PORT CHARLOTTE FLORIDA 33948

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

14. I do 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 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.

CR2E037 (9/96)