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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50083

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
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/28/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0352664

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

TITLE **D** ☐ DELETE
NAME **SUBASIC, EDITH**
STREET ADDRESS **1025 SISTINA ST**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **D** ☐ DELETE
NAME **BALA, BRENDA**
STREET ADDRESS **18501 MURDOCK CIR, SUITE 303**
CITY-ST-ZIP **PORT CHARLOTTE FL**

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LYNN STEPHENS PRES. 2-2-99 426-8891

CR2E037 (11/98)