2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N50083

1. Entity Name
ST. CHARLES HOUSING II, INC.

Principal Place of Business	Mailing Address
22250 VICK STREET PORT CHARLOTTE, FL 33980 US	22250 VICK STREET PORT CHARLOTTE, FL 33980 US

03162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0352664
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUDDEN, JOHN FATHER
STREET ADDRESS	21505 AUGUSTA AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	SAMSON, ROSEANN K.
STREET ADDRESS	1239 PRICE CIRCLE N.W.
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	D
NAME	BECKER, OLIVIA
STREET ADDRESS	2347 LAKESHORE CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	BALA, BRENDA
STREET ADDRESS	18501 MURDOCK CIR, SUITE 303
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	PD
NAME	HORNER, MICHAEL J.
STREET ADDRESS	222 NESBIT STREET
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000524731
05/04/06-80002-004 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael J Horner MICHAEL J. HORNER, PRES 4/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #