

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

1998 FEB 24 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # N94000000011
1. Corporation Name
CHARLOTTE COUNTY P.C. USERS' GROUP, INC.

Principal Place of Business Mailing Address
2280 RARON STREET
SUITE #3
PORT CHARLOTTE FL 33952 U.S.

3. Date Incorporated or Qualified
01/03/1994

4. FEI Number 65-0451300 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
HACKETT JACK. O. II
MARA MARA EMERICH SIFRIT, ET AL
115, 'WEST OLYMPIA' AVENUE
PUNTA GORDA FL 33960 US

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 700002448597--4
-03/05/98--01103--007
84 City *****183 FE *****61.25

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	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM IRASTRO	1.2 NAME	
STREET ADDRESS	1266 STRASBORG DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERHARD FISCHER	2.2 NAME	
STREET ADDRESS	1206 RICHTER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	2.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEGGY MYERS	3.2 NAME	
STREET ADDRESS	22345 ORLEAN BVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNIE JACOBS	4.2 NAME	
STREET ADDRESS	551 TOULOUSE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	4.4 CITY-ST-ZIP	
TITLE	PROGRAM DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESTER LACROIX	5.2 NAME	
STREET ADDRESS	1145 RICARDO LAKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983	5.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T. ARNOLD LOCKIE	6.2 NAME	
STREET ADDRESS	2100 KING'S HIGHWAY UNIT 991	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	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.

SIGNATURE: *T.A. Lockie* T.A. LOCKIE 02/14/98 941-625-8612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000011
 Corporation Name
CHARLOTTE COUNTY PC USERS' GROUP INC.

Principal Place of Business Mailing Address
2280 ARRON STREET
SUITE # 3
PORT CHARLOTTE FL 33952 US

3. Date Incorporated/Qualified
01/03/1994

4. FEI Number Applied For
 Not Applicable

21. Principal Place of Business	22. Mailing Address
21. Suite, Apt. #, etc.	22. Suite, Apt. #, etc.
23. City & State	23. City & State
24. Zip	24. Zip
25. Country	25. Country

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

HACKETT, JACK O. II
FARR, FARR, EMERICH, SIFRIT, ET AL
116, WEST OLYMPIA AVENUE
PUNTA GORDA FL 33956 US

10. Name and Address of New Registered Agent

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 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	TROY MITCHELL
STREET ADDRESS	2414 STARLIGHT LANE
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	DIM MASTRO
STREET ADDRESS	1266 STRASBORG DRIVE
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	KP RABELL
STREET ADDRESS	103, 300TH WEST PECKHAM ST.
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	BILL BISHOP
STREET ADDRESS	2521, ALCALAY ST.
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	PROPERM DIRECTOR <input type="checkbox"/> DELETE
NAME	ANTHONY RAIMONDO
STREET ADDRESS	18089, REGAN AVE.
CITY-ST-ZIP	PORT CHARLOTTE FL 33948
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	T. ANAND LOCKIE
STREET ADDRESS	2100 KINGS HIGHWAY UNIT 991
CITY-ST-ZIP	PORT CHARLOTTE 33980

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002448599--8
1.3 STREET ADDRESS	-03/05/98--01103--007
1.4 CITY-ST-ZIP	*****183.75 *****61.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *T.A. Lockie* **T.A. LOCKIE** **02/14/98** **941-625-8612**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/ Daytime Phone #

CP2E037 (10/97)

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1995/6		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94 000000011
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CHARLOTTE COUNTY PC USERS' GROUP INC.

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2280 RARRON STREET
SUITE # 9.
PORT CHARLOTTE FL 33952 US

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01/03/1994

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 Not Applicable

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22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 Yes No

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HACKETT, JACK O. II
FARR, FARR, EMERICH, SIFRIT, ETAL
115 W. OLYMPIA AVENUE,
PUNTA GORDA FL 33956 US.

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<u>00002448600--3</u>
83	<u>-03/05/98--01103--007</u>
84 City	<u>****183, 75 *****51, 25</u> <u>FL</u>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>PRESIDENT</u>	1.2 NAME	
STREET ADDRESS	<u>ANTHONY RAIMONDO.</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>18089, REGAN AVE.</u>	1.4 CITY-ST-ZIP	
	<u>PORT CHARLOTTE FL 33948</u>		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>VICE PRESIDENT</u>	2.2 NAME	
STREET ADDRESS	<u>JIM MASTRO</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>1206 STRASBORG DRIVE</u>	2.4 CITY-ST-ZIP	
	<u>PORT CHARLOTTE FL 33952</u>		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>SECRETARY</u>	3.2 NAME	
STREET ADDRESS	<u>K.P. RAIBELL</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>109, SOUTH WEST PERUNAM ST.</u>	3.4 CITY-ST-ZIP	
	<u>PORT CHARLOTTE FL 33952</u>		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>TREASURER</u>	4.2 NAME	
STREET ADDRESS	<u>BILL BISHOP</u>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<u>2521 ALCANAY ST.</u>	4.4 CITY-ST-ZIP	
	<u>PORT CHARLOTTE FL 33952</u>		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>PROGRAM DIRECTOR</u>	5.2 NAME	
STREET ADDRESS	<u>ROBERT MILLER</u>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<u>1476, ROQUE ESTA DRIVE</u>	5.4 CITY-ST-ZIP	
	<u>PUNTA GORDA FL 33950</u>		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>DIRECTOR</u>	6.2 NAME	
STREET ADDRESS	<u>T. AUGUS LOCKIE</u>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<u>2100 KINES HIGHWAY UNIT 991</u>	6.4 CITY-ST-ZIP	
	<u>PORT CHARLOTTE FL 33950</u>		

4. 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.

SIGNATURE: T.A. Lockie T.A. LOCKIE 02/14/95 941-625-8612

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPREC07 (10/97)

T. Angus Lockie
2100 Kings Highway, Unit 991
Port Charlotte FL 33980-4253
February 14, 1998

Attention Mr. Sammy Caldwell,

Secretary of State Florida,
Corporation Divisions

Dear Sir,

Thank you for your reply to my Internet inquiry.

I enclose the 1998 Annual Report for the Charlotte County PC Users' Group together with a check for \$183.75 to cover 1996/7/8. When I telephoned for the report form, I was told to just send the report for 1998. However, I copied the form and entered the information for each year.

Our group is run by volunteers. The year after becoming a Corporation we moved our office and the Annual Report seems to have gone astray. In addition the President, who was very energetic and did most things himself, resigned during his term. Also, the Secretary resigned which left somewhat of a void.

To prevent reoccurrence, if the Annual Report Form is sent to our Registered Agent, he has agreed to make sure that it is returned promptly.

Thank you very much for your assistance in resolving our problem.

Yours truly,


T. Angus Lockie