


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 # N940000000611 1. Corporation Name CHARLOTTE COUNTY P.C. USERS' GROUP INC.		

Principal Place of Business 2280 RARON STREET SUITE #3 PORT CHARLOTTE FL 33952 U.S.	Mailing Address
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/03/1994	4. FEI Number 65-0451300	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

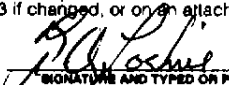
9. Name and Address of Current Registered Agent HACKETT JACK. O. II FARA FARA KMERIKH, SIFRIT, ET AL 115, 'WEST OLYMPIA' AVENUE PUNTA GORDA FL 33960 U.S.	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
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11. 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JIM IASTRO 1266 STRASBORG DRIVE PORT CHARLOTTE, FL 33952	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GERHARD FISCHER 1206 RICHTER STREET PORT CHARLOTTE FL 33952	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PEGGY MYERS 22345 ORLEAN BLVD. PORT CHARLOTTE FL 33952	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BONNIE JACOBS 551 TOULOUSE DRIVE PUNTA GORDA FL 33950	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PROGRAM DIRECTOR KESTER LACROIX 1145 RICARDO LAKE PUNTA GORDA FL 33983	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR T. ARNOLD LOCKIE 2100 KING'S HIGHWAY UNIT 991 PORT CHARLOTTE FL 33980	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 02/14/98 941-625-8612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)

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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000000011
1. 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 or Qualified
01/03/1994

4. FEI Number Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 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

10. Name and Address of New Registered Agent

HACKETT, JACK O. II
FARR, FARR, EMERICH, SIFRIT, ET AL
115, WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950 US

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

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
NAME TROY MITCHELL
STREET ADDRESS 2414 STARLIGHT LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

☐ Change ☐ Addition
900002448599--8
-03/05/98--01103--007
***183.75 ***61.25

TITLE VICE PRESIDENT
NAME DIM MASTRO
STREET ADDRESS 1266 STRASBORG DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

☐ Change ☐ Addition

TITLE SECRETARY
NAME KP RABELL
STREET ADDRESS 103, SOUTH WEST PECKHAM ST.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

☐ Change ☐ Addition

TITLE TREASURER
NAME BILL BISHOP
STREET ADDRESS 2521, ALCALAY ST.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

☐ Change ☐ Addition

TITLE PROPER DIRECTOR
NAME ANTHONY RAIMONDO
STREET ADDRESS 18089 REGAN AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33948

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

☐ Change ☐ Addition

TITLE DIRECTOR
NAME T. ANAND LOCKIE
STREET ADDRESS 2100 KINGS HIGHWAY UNIT 991
CITY-ST-ZIP PORT CHARLOTTE 33980

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

☐ Change ☐ Addition

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SIGNATURE:

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. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94 000000011
 1. Corporation Name
CHARLOTTE COUNTY PC USERS' GROUP INC.

Principal Place of Business Mailing Address
2280 RARON STREET
SUITE 49.
PORT CHARLOTTE FL 33952 US

3. Date Incorporated or Qualified **01/03/1994**
 4. FEI Number 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	28 Zip
24 Country	29 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, 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)
000002448600--3
 83 -03/05/98--01103--007
 84 City **FL** Zip Code **33956**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PRESIDENT	ANTHONY RAIMONDO	18089 REGAN AVE.	PORT CHARLOTTE FL 33948	
VICE PRESIDENT	JIM MASTRO	1206 STRASBORG DRIVE	PORT CHARLOTTE FL 33952	
SECRETARY	K.P. RABEHL	103 SOUTH WEST PERHAM ST.	PORT CHARLOTTE FL 33952	
TREASURER	BILL BISHOP	2521 ALCANAY ST.	PORT CHARLOTTE FL 33952	
PROGRAM DIRECTOR	ROBERT MILLER	1476 ROQUE ESTA DRIVE	PUNTA GORDA FL 33950	
DIRECTOR	T. ANGELO LOCKIE	2100 KINES HIGHWAY UNIT 991	PORT CHARLOTTE FL 33950	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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** 02/14/95 941-625-8612
 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (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.

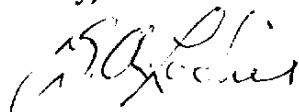
I enclose the 1998 Annual Report for the Charlotte County PC Users' Group together with a check for \$183.75 to cover 1996/7/8. When I telephoned for the report form, I was told to just send the report for 1998. However, I copied the form and entered the information for each year.

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