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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000000011

1. Corporation Name

CHARLOTTE COUNTY PC USERS' GROUP, INC.

Principal Place of Business

2280 AARON STREET
SUITE #3
PORT CHARLOTTE FL 33952
US

Mailing Address

2280 AARON STREET
SUITE #3
PORT CHARLOTTE FL 33952
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/03/1994

4. FEI Number

65-0451300

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

9. Name and Address of Current Registered Agent

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

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 617.1508, 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 ☐ DELETE

TITLE P
NAME MASTRO, JIM
STREET ADDRESS 1266 STRASBORG DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VP ☐ DELETE

NAME FISCHER, GERHARD
STREET ADDRESS 1206 RICHTER STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE S ☒ DELETE

NAME MYERS, PEGGY
STREET ADDRESS 22345 ORLEAN BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE T ☒ DELETE

NAME JACOBS, BONNIE
STREET ADDRESS 551 TOULOUSE DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D ☒ DELETE

NAME LACROIX, LESTER
STREET ADDRESS 1145 RICARDO LANE
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE D ☐ DELETE

NAME LOCKIE, T. ANGUS
STREET ADDRESS 2100 KINGS HIGHWAY, UNIT 991
CITY-ST-ZIP PORT CHARLOTTE FL 33980

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S
ROSE RENNERT
3038 PINETREE STREET
PORT CHARLOTTE FL 33952

T
MARDELLE MASTRO
1266 STRASBORG DRIVE
PORT CHARLOTTE FL 33952

D
ARTHUR HAUG
25188 MARION AV # A-106
PUNTA GORDA FL 33950

LOCKIE, T. ANGUS
X CORRECTION

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: JIM MASTRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

941 625-7411

CR2E037 (1/1/98)

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