

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000001670 (8)

1. Corporation Name

HIDDEN HARBOR P.O.A. OF CHARLOTTE, INC.



Principal Place of Business

Mailing Address

1625 W. MARION AVE.  
SUITE 2  
PUNTA GORDA FL 33950

1625 W. MARION AVE.  
SUITE 2  
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified

04/05/1994

3a. Date of Last Report

06/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, JAMES E III  
1625 W. MARION AVE.  
SUITE 2  
PUNTA GORDA FL 33950

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

TITLE DST  
NAME MENENDEZ, ANTHONY  
STREET ADDRESS 130 ALBERT LANE  
CITY-ST-ZIP PORT CHARLOTTE FL 33552

☐ DELETE

TITLE DP  
NAME KENNEDY, LAURI  
STREET ADDRESS 19401 LAUZON AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

same

☐ DELETE

TITLE DVP  
NAME KENNEDY, STEVE  
STREET ADDRESS 19401 LAUZON AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VICE PRESIDENT DVP  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☒ Change ☐ Addition

21 TITLE SECRETARY/TREASURER DST  
22 NAME BELLEY, VALERIE  
23 STREET ADDRESS 17056 KELLOG AVE  
24 CITY-ST-ZIP PORT CHARLOTTE, FL 33154

☐ Change ☒ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Valerie Sclley, VALERIE SCLLEY

4/15/96

941-255-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)