

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90012 022 ****61.25

DOCUMENT # N97000003430					
1. Entity Name CHARLOTTE/SARASOTA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, INC.					
Principal Place of Business 1599 PLACIDA ENGLEWOOD, FL 34223 US			Mailing Address 1203 W. MARION AVE. PUNTA GORDA, FL 33950 US		
2. Principal Place of Business		3. Mailing Address 2256 KENYA LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		PUNTA GORDA FL		4. FEI Number 65-0801076	
Zip		33983		Country CHARLOTTE	
6. Name and Address of Current Registered Agent HEIST, H. ANTHONY 1661 ESTERO BLVD SUITE 20 FT MYERS BEACH, FL 33931			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE T	NAME STRUTHERS, CYNTHIA		<input type="checkbox"/> Delete		
STREET ADDRESS 1951-D TAMiami TRAIL	CITY-ST-ZIP PORT CHARLOTTE, FL 33952		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DE	NAME KLINGLE, JOYCE		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 22392 WESTCHESTER BLVD	CITY-ST-ZIP PORT CHARLOTTE, FL 33980		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DP	NAME MAGGIORE, NANCY		<input type="checkbox"/> Delete		
STREET ADDRESS 1203 W-MARION AVE	CITY-ST-ZIP PUNTA GORDA, FL 33950		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME SMITH, GRETCHEN		<input type="checkbox"/> Delete		
STREET ADDRESS 2256 KENYA LANE	CITY-ST-ZIP PORT CHARLOTTE, FL 33983		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME FIELD, MARY BETH		<input type="checkbox"/> Delete		
STREET ADDRESS 1980 KINGS HWY	CITY-ST-ZIP PORT CHARLOTTE, FL 33980		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DP	NAME SUSAN SCRIBNER		<input type="checkbox"/> Delete		
STREET ADDRESS 3762 TAMiami TRAIL	CITY-ST-ZIP PORT CHARLOTTE, FL 33952		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. 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 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: <i>Gretchen Smith</i>			GRETCHEN SMITH		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/14/04 (941) 629-1243		
<small>Date</small>			<small>Daytime Phone #</small>		