

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90235 014 ****61.25

0061553

DOCUMENT # N98000001387

1. Corporation Name

NORTHWEST PORT CHARLOTTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

722 N.W. MIRADO LANE
PORT CHARLOTTE FL 33948

Mailing Address

POST OFFICE BOX 2206
PORT CHARLOTTE FL 33949-2206



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

59-2170539

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

BISCUP, GERALD
722 N.W. MIRADO LANE
PORT CHARLOTTE FL 33948

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

Gerald Biscup

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-16-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BISCUP, GERALD
STREET ADDRESS 722 N.W. MIRADO LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE D
NAME POTTS, PEG
STREET ADDRESS 23048 JUMPER AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D
NAME PETERSON, ELLEN
STREET ADDRESS 20275 MT. PROSPECT AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D
NAME HARE, WILLIAM DR.
STREET ADDRESS 1084 WATERSIDE STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D
NAME TOUSIGNANT, AL
STREET ADDRESS 23420 PEACHLAND BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE D
NAME DEUBEL, KEN
STREET ADDRESS 442 KOSTNER STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33954

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Max Osse
1.3 STREET ADDRESS 18358 Lamont Ave
1.4 CITY-ST-ZIP Port Charlotte, FL 33952

2.1 TITLE V/D
2.2 NAME Carl Harter
2.3 STREET ADDRESS 21450 Beaverton Ave
2.4 CITY-ST-ZIP Port Charlotte, FL 33952

3.1 TITLE D
3.2 NAME Eugene Novak
3.3 STREET ADDRESS 1585 Viscaya Drive
3.4 CITY-ST-ZIP Port Charlotte, FL 33952

4.1 TITLE D
4.2 NAME Marion Boyd
4.3 STREET ADDRESS 20225 Mt. Pleasant Ave
4.4 CITY-ST-ZIP Port Charlotte, FL 33952

5.1 TITLE D
5.2 NAME Stanley Winters
5.3 STREET ADDRESS 1169 Presque Isle Drive
5.4 CITY-ST-ZIP Port Charlotte, FL 33952

6.1 TITLE
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, with all other like empowered.

SIGNATURE: *Gerald Biscup* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)