2008 FOR PROFIT CORPORATION ANNUAL REPORT

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May 19, 2008 8:00 am
Secretary of State
05-19-2008 90039 003 ***150.00

40104174

04232008 Chg-P CR2E034 (12/06)

DOCUMENT # V00065

1. Entity Name
PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATION OF REALTORS MLS, INC.

Principal Place of Business	Mailing Address
3320 LOVELAND BLVD. PORT CHARLOTTE, FL 33980 US	3320 LOVELAND BLVD. PORT CHARLOTTE, FL 33980 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0305488 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HACKETT, JACK O II, ESQ 99 NESBIT ST. PUNTA GORDA, FL 33950	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JIROUT, JUDY PO BOX 27115 EL JOBEAN, FL 33927	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LOGAN, CYNTHIA 907 KINGS HIGHWAY BLVD. PORT CHARLOTTE, FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P 970 KINGS HIGHWAY, STE 2	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHITE, NORM PO BOX 496090 LAKE SUZY, FL 34289	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROLLAND, KAREN 1600 TAMIAMI TR. PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARNETT, ART 14942 S. TAMIAMI TR., SUITE F NORTH PORT, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	970 KINGS HIGHWAY, STE 2 PORT CHARLOTTE FL 33980	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEPENBROCK, CAROLYN 3221 TAMIAMI TR. PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	23419 SUPERIOR AVENUE PORT CHARLOTTE FL 33980	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: Cynthia Logan 4/29/08 941-639-1158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CYNTHIA LOGAN
PRESIDENT

ATTACHMENT

40104174

PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATION OF REALTORS MLS, INC. (Document #V00065)

10. Officers and Directors (cont.)

D
KEELE, BRIAN
3320 LOVELAND BOULEVARD
PORT CHARLOTTE, FL 33980

D
MacWILLIAMS, JUDY
3320 LOVELAND BOULEVARD
PORT CHARLOTTE, FL 33980

D
McCLARY, NANCY
3320 LOVELAND BOULEVARD
PORT CHARLOTTE, FL 33980

D
MEYER, SUE ANN
3320 LOVELAND BOULEVARD
PORT CHARLOTTE, FL 33980

D
MITCHELL, AL
3320 LOVELAND BOULEVARD
PORT CHARLOTTE, FL 33980