

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00065

FILED
Feb 24, 2009
Secretary of State

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

Current Principal Place of Business:

3320 LOVELAND BLVD.
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

3320 LOVELAND BLVD.
PORT CHARLOTTE, FL 33980 US

New Mailing Address:

FEI Number: 65-0305488 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HACKETT, JACK O II, ESQ
99 NESBIT ST.
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOGAN, CYNTHIA
Address: 970 KINGS HIGHWAY, STE 2
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: T () Delete
Name: WHITE, NORM
Address: PO BOX 496090
City-St-Zip: LAKE SUZY, FL 34269 US

Title: S () Delete
Name: ROLLAND, KAREN
Address: 1600 TAMiami TR.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: D () Delete
Name: ARNETT, ART
Address: 970 KINGS HIGHWAY, STE 2
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: D () Delete
Name: DEPENBROCK, CAROLYN
Address: 23419 SUPERIVR AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: NANCY, BELL
Address: 200 W. MARION AVE.
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA LOGAN

Electronic Signature of Signing Officer or Director

P

02/24/2009

Date