

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

FILED
Apr 11 1996 8:00 am
Secretary of State

DOCUMENT # N50083 (7)
1. Corporation Name
ST. CHARLES HOUSING II, INC.



Principal Place of Business: **2550 EASY STREET PORT CHARLOTTE FL 33952**
Mailing Address: **2550 EASY STREET PORT CHARLOTTE FL 33952**

3. Date Incorporated or Qualified: **07/28/1992**
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business
21 **22250 VICK STREET**
22 Suite, Apt. #, etc.
23 **PORT CHARLOTTE FL**
24 Zip **33980**
25 Country **USA**

2a. Mailing Address
26 **22250 VICK STREET**
27 Suite, Apt. #, etc.
28 **PORT CHARLOTTE FL**
29 Zip **33980**
30 Country **USA**

4. FEI Number: **65-0352664**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
STEPHENS, J. LYNN
4865 ABADAN STREET
NORTH PORT FL 34287

10. Name and Address of New Registered Agent
81 Name: **ATTY. JOSEPH DiVITO**
82 Street Address (P.O. Box Number is Not Acceptable): **DIVITO & HIGHAM, P.A.**
83 **4514 CENTRAL AVENUE**
84 City: **ST. PETERSBURG FL**
85 Zip Code: **33711**

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]* DATE: **4/3/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENS, LYNN	
STREET ADDRESS	4865 ABADAN STREET	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMSON, ROSEANN K.	
STREET ADDRESS	1239 PRICE CIRCLE N.W.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	McLOUGHLIN, NICHOLAS	
STREET ADDRESS	21505 AUGUSTA AVENUE S-4	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKER, OLIVIA	
STREET ADDRESS	826 N. LAKESHORE CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSTER, BETTY	
STREET ADDRESS	14399 MADDOCK AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORNER, MICHAEL J.	
STREET ADDRESS	222 NESBIT STREET	
CITY-ST-ZIP	PUNTA GORDA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARRAPODI, GREGG	
1.3 STREET ADDRESS	15121 GULISTAN AVENUE	
1.4 CITY-ST-ZIP	PUNTA GORDA FL 33953	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* **OLIVIA BECKER** DATE: **3-6-96** DAYTIME PHONE #: **1-941-484-9543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)