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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50083 (7)

1. Corporation Name
ST. CHARLES HOUSING II, INC.



Principal Place of Business: 22250 VICK STREET, PORT CHARLOTTE FL 33980, US
Mailing Address: 22250 VICK STREET, PORT CHARLOTTE FL 33980-2010, US

3. Date Incorporated or Qualified: 07/28/1992
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0352664	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARRAPODI, GREGG	1.2 NAME	STEPHENS, LYNN
STREET ADDRESS	15121 GULISTAN AVE	1.3 STREET ADDRESS	4865 ABADAN STREET
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	NORTH PORT FLORIDA 34887
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMSON, ROSEANN K.	2.2 NAME	EDITH SUBASIC
STREET ADDRESS	1239 PRICE CIRCLE N.W.	2.3 STREET ADDRESS	1025 SISTINA ST
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	PORT CHARLOTTE, FLA 33952
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOUGHLIN, NICHOLAS	3.2 NAME	
STREET ADDRESS	21505 AUGUSTA AVENUE S-4	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, OLIVA	4.2 NAME	
STREET ADDRESS	826 N. LAKESHORE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOSTER, BETTY	5.2 NAME	BALA, BRENDA
STREET ADDRESS	14399 MADDOCK AVENUE	5.3 STREET ADDRESS	18501 MURDOCK CIRCLE SUITE 303
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	PORT CHARLOTTE FLORIDA 33948
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, MICHAEL J.	6.2 NAME	
STREET ADDRESS	222 NESBIT STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)

Signature (971)