

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90149 036 ****61.25

DOCUMENT # N50083

1. Entity 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
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0352664**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPH DIVITO, ESQ.
 DIVITO & HIGHAM, P.A.
 4514 CENTRAL AVENUE
 ST. PETERSBURG FL 33711**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | STEPHENS, LYNN |
| STREET ADDRESS | 4865 ABADAN ST |
| 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 | SUBASIC, EDITH |
| STREET ADDRESS | 1025 SISTINA ST |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33952 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BALA, BRENDA |
| STREET ADDRESS | 18501 MURDOCK CIR, SUITE 303 |
| 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 |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 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 617, 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: *ROSEANN K. SAMSON*
ROSEANN K. SAMSON

3-12-2002

941-575-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)