


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90058 012 ****61.25

DOCUMENT # N50083			
1. Entity Name ST. CHARLES HOUSING II, INC.		Principal Place of Business 22250 VICK STREET PORT CHARLOTTE, FL 33980 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 22250 VICK STREET PORT CHARLOTTE, FL 33980 US	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JOSEPH DIVITO, ESQ. DIVITO & HIGHAM, P.A. 4514 CENTRAL AVENUE ST. PETERSBURG, FL 33711		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, LYNN 4865 ABADAN ST NORTH PORT, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Olivia Becker 2347 Lakeshore Circle Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMSON, ROSEANN K. 1239 PRICE CIRCLE N.W. PORT CHARLOTTE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLOUGHLIN, NICHOLAS 21505 AUGUSTA AVENUE S-4 PORT CHARLOTTE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUBASIC, EDITH 1025 SISTINA ST PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALA, BRENDA 18501 MURDOCK CIR, SUITE 303 PORT CHARLOTTE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNER, MICHAEL J. 222 NESBIT STREET PUNTA GORDA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Hoener, Michael J
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: <u>Michael J. Horner</u> MICHAEL J. HORNER, PRES		Date: <u>2/15/04</u> 941-639-2446	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	