

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

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



03162006 No Chg-NP CR2E037 (11/05)

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4. FEI Number **65-0352664** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaxing)

Filing Fee is \$81.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDDEN, JOHN FATHER 21505 AUGUSTA AVE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMSON, ROSEANN K. 1239 PRICE CIRCLE N.W. PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, OLIVIA 2347 LAKESHORE CIRCLE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALA, BRENDA 18501 MURDOCK CIR, SUITE 303 PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNOR, MICHAEL J. 222 NESBIT STREET PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/04/06-80002-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael J. Hornor **MICHAEL J. HORNOR, PRES** 4/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #