

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90320 004 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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			
TITLE	D <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	LUDDEN, JOHN FATHER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	21505 AUGUSTA AVE	NAME	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	STREET ADDRESS	
TITLE	D <input type="checkbox"/> Delete	CITY-ST-ZIP	
NAME	SAMSON, ROSEANN K.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1239 PRICE CIRCLE N.W.	NAME	
CITY-ST-ZIP	PORT CHARLOTTE, FL	STREET ADDRESS	
TITLE	D <input type="checkbox"/> Delete	CITY-ST-ZIP	
NAME	BECKER, OLIVIA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2347 LAKESHORE CIRCLE	NAME	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	STREET ADDRESS	
TITLE	D <input type="checkbox"/> Delete	CITY-ST-ZIP	
NAME	CLUSTERLINE, DON	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2511 EVANHOE ST	NAME	ST DON CASTERLINE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	STREET ADDRESS	
TITLE	PD <input type="checkbox"/> Delete	CITY-ST-ZIP	
NAME	HORNER, MICHAEL J.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	222 NESBIT STREET	NAME	
CITY-ST-ZIP	PUNTA GORDA, FL	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
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. Horner		Date: 4/24/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	