


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90480 049 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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**

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEPHENS, LYNN</b>	
STREET ADDRESS	<b>4865 ABADAN ST</b>	
CITY-ST-ZIP	<b>NORTH PORT FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAMSON, ROSEANN K.</b>	
STREET ADDRESS	<b>1239 PRICE CIRCLE N.W.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCLOUGHLIN, NICHOLAS</b>	
STREET ADDRESS	<b>21505 AUGUSTA AVENUE S-4</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SUBASIC, EDITH</b>	
STREET ADDRESS	<b>1025 SISTINA ST</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BALA, BRENDA</b>	
STREET ADDRESS	<b>18501 MURDOCK CIR, SUITE 303</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HORNER, MICHAEL J.</b>	
STREET ADDRESS	<b>222 NESBIT STREET</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** **10 March 2003**

CR2E037 (10/02)