

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767939

Entity Name: HOMEOWNERS OF PORT CHARLOTTE VILLAGE, INC.**Current Principal Place of Business:**1000 KINGS HWY #300
PORT CHARLOTTE, FL 33980**Current Mailing Address:**1000 KINGS HWY #300
PORT CHARLOTTE, FL 33980**FEI Number:** 59-2283369**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOTITZKY, EDWARD L
1107 W. MARION AVENUE
UNIT 111
PUNTA GORDA, FL 33950 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	GRAY, BEVERLY
Address	1000 KINGS HWY. #429
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	SEC
Name	THOMASZEWICZ, PRISCILLA
Address	1000 KINGS HWY. # 314
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	TREAS
Name	POTI, TOM
Address	1000 KINGS HWY. #113
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	GM/CAM
Name	DUNCAN, ROBERT W
Address	11016 REIMS AVE
City-State-Zip:	ENGLEWOOD FL 34224

Title	DIRECTOR
Name	JARECKI, RONALD
Address	1000 KINGS HWY UNIT 338
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	DIRECTOR
Name	KELLY, GEORGE
Address	1000 KINGS HWY UNIT 222
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	VP
Name	SNYDER, WILLIAM
Address	1000 KINGS HIGHWAY 136
City-State-Zip:	PORT CHARLOTTE FL 33980

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT DUNCAN

CAM/GM

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date