

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 AM 9:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 728317 (9)

1. Corporation Name
 SECTION 33 PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 13333 182ND CT N JUPITER FL 33478 13333 182ND CT N JUPITER FL 33478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/17/1974	3a. Date of Last Report 05/01/1994
4. FEI Number 59-6525259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. Does corporation meet liability for employment tax under s. 195.035 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 13333 182nd Ct N State, Apt # etc	2a. Mailing Address 26 13333 182nd Ct N State, Apt # etc
22 City & State 23 Jupiter FL	27 City & State 28 Jupiter, FL
24 33478 25 Palm Beach	29 33478 30 Palm Beach

9. Name and Address of Current Registered Agent
 BECHTOLD, SHARON
 13637 185TH PL N
 JUPITER FL 33478

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: _____ (Type and print or printed name of registered agent and the corporation) _____ (Type and print or printed name of registered agent and the corporation) _____ (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLY, DASHER, JR.
STREET ADDRESS	18246 134TH WAY NORTH
CITY, ST, ZIP	JUPITER FL
TITLE	STD
NAME	BECHTOLD, SHARON
STREET ADDRESS	13637 185TH PL N
CITY, ST, ZIP	JUPITER FL
TITLE	D
NAME	PETKAS, NICHOLAS
STREET ADDRESS	18398 134TH WAY N
CITY, ST, ZIP	JUPITER FL
TITLE	DP
NAME	WEBER, RICHARD
STREET ADDRESS	18481 138TH WAY NO
CITY, ST, ZIP	JUPITER FL
TITLE	D
NAME	STANBOROUGH, WADE
STREET ADDRESS	18049 134TH WAY NO
CITY, ST, ZIP	JUPITER FL
TITLE	OV
NAME	KNIEPER, KIMBERLEY
STREET ADDRESS	18801 134TH WAY N
CITY, ST, ZIP	JUPITER FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JAMES MCNEY	
13 STREET ADDRESS	18170 137th TRAIL N	
14 CITY, ST, ZIP	JUPITER, FL 33478	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	VICE PRES/DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	RICHARD WEBER	
43 STREET ADDRESS	18461 138th Way N	
44 CITY, ST, ZIP	JUPITER, FL	
51 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	CATHY STANBOROUGH	
53 STREET ADDRESS	18049 134th Way N	
54 CITY, ST, ZIP	JUPITER, FL 33478	
61 TITLE	PRES/DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	KIMBERLEY KNIEPER	
63 STREET ADDRESS	18801 134th Way N	
64 CITY, ST, ZIP	JUPITER, FL	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon Bechtold SHARON Bechtold 6/6/95 407-747-5129
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E037 (3/95)