FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 23 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03233 (6)

1. Corporation Name

SECTION 23 PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1625 W. MARION AVE PUNTA GORDA FL 33950	2000 RIO DE JANEIRO UNIT 5 PUNTA GORDA FL 33983 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1984
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2441507 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

OAKS, DAVID K
252 W MARION AVE
PUNTA GORDA FL 33950

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BARNESM, KENNETH	1.2 NAME	BARNES, KENNETH
STREET ADDRESS	1464 NEAPOLITAN RD	1.3 STREET ADDRESS	1464 NEAPOLITAN RD
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983
TITLE	S	2.1 TITLE	S ☒ Change ☐ Addition
NAME	SCOUDAN, ELLA	2.2 NAME	BOUCHER, TERESA
STREET ADDRESS	8765 CHESEBRO AVE	2.3 STREET ADDRESS	8765 CHESEBRO AVE
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, HENRY A	3.2 NAME	
STREET ADDRESS	25435 PANACHE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	VPD ☒ Change ☐ Addition
NAME	CARR, CHARLES E	4.2 NAME	EILER, DONALD
STREET ADDRESS	2294 BENGAL CT	4.3 STREET ADDRESS	26153 RAMPART BLVD.
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33983
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	HAYNES, LAWRENCE
STREET ADDRESS		5.3 STREET ADDRESS	25280 OJIBWAY CT.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33983
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	WINCHESTER, RICHARD
STREET ADDRESS		6.3 STREET ADDRESS	2158 AMARILLO LN.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33983

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061035