

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 29, 1996 08:00 AM
Secretary of State

DOCUMENT # **N03233** (6)
1. Corporation Name
SECTION 23 PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business: 1625 W. MARION AVE, PUNTA GORDA FL 33950
Mailing Address: 2000 RIO DE JANEIRO UNIT 5, PUNTA GORDA FL 33963, US

3. Date Incorporated or Qualified: 05/22/1984
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2441507		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OAKS, DAVID K 252 W MARION AVE PUNTA GORDA FL 33950				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHER, TERESA	2.2 NAME	
STREET ADDRESS	8765 CHESEBRO AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILER, DONALD	4.2 NAME	EILER, DONALD
STREET ADDRESS	26153 RAMPART BLVD	4.3 STREET ADDRESS	26153 RAMPART BLVD
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33983
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYNES, LAWRENCE	5.2 NAME	UNRAU, GLADWIN
STREET ADDRESS	25280 OJIBWAY CT	5.3 STREET ADDRESS	26036 LUZON CT
CITY-ST-ZIP	PT CHARLOTTE FL	5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33983
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINCHESTER, RICHARD	6.2 NAME	WINCHESTER, RICHARD
STREET ADDRESS	2158 AMARILLO LANE	6.3 STREET ADDRESS	2158 AMARILLO LN
CITY-ST-ZIP	PT CHARLOTTE FL	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)(k), 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: Henry A James HENRY A JAMES March 20, 1996 (941) 764-6674

CR2E037 (12/95)