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Feb 11 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33983-8649  
US

3. Date Incorporated or Qualified  
05/22/1984

3a. Date of Last Report  
03/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 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

TITLE D ☒ DELETE

NAME BARNES, KENNETH  
STREET ADDRESS 1484 NEAPOLITAN RD  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE S ☐ DELETE

NAME BOUCHER, TERESA  
STREET ADDRESS 8765 CHESEBRO AVE  
CITY-ST-ZIP NORTH PORT FL

TITLE TD ☐ DELETE

NAME JAMES, HENRY A  
STREET ADDRESS 25435 PANACHE LANE  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE PD ☒ DELETE

NAME EILER, DONALD  
STREET ADDRESS 26153 RAMPART BLVD  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ DELETE

NAME UNRAU, GLADWIN  
STREET ADDRESS 26036 LUZON COURT  
CITY-ST-ZIP PT CHARLOTTE FL

TITLE VD ☒ DELETE

NAME WINCHESTER, RICHARD  
STREET ADDRESS 2158 AMARILLO LANE  
CITY-ST-ZIP PT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME CONE, WILLIAM  
1.3 STREET ADDRESS 25170 OBELISK CT  
1.4 CITY-ST-ZIP PORT CHARLOTTE, FL

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME BOUCHER, TERESA  
2.3 STREET ADDRESS 1841 POLLARD AVE  
2.4 CITY-ST-ZIP NORTH PORT, FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME RENFER, MARY  
4.3 STREET ADDRESS 2432 GREENLAND CT  
4.4 CITY-ST-ZIP PORT CHARLOTTE, FL

5.1 TITLE VD ☒ Change ☐ Addition

5.2 NAME UNRAU, GLADWIN  
5.3 STREET ADDRESS 26036 LUZON CT  
5.4 CITY-ST-ZIP PORT CHARLOTTE, FL

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME BRACKEN, ROBERT  
6.3 STREET ADDRESS 1346 NEAPOLITAN RD  
6.4 CITY-ST-ZIP PORT CHARLOTTE, FL

14. I do 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 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:

*William Cone*

2-4-97

CR2E037 (9/96)