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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	
21 Principal Place of Business	2a. Mailing Address	26 26217 RAMPART BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	27 UNIT A	
City & State	City & State	28 PUNTA GORDA, FL	
Zip	Country	Zip	Country
24	25	29 33983	30 US

3. Date Incorporated or Qualified
05/22/1984

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 _____ 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 CONE, WILLIAM 25170 OBELISK COURT PORT CHARLOTTE FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S BOUCHER, TERESA 1841 POLLARD AVE. NORTH PORT FL	<input type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD JAMES, HENRY A 25435 PANACHE LANE PORT CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D RENFER, MARY 2432 GREENLAND COURT PORT CHARLOTTE FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
	VD UNRAU, GLADWIN 26036 LUZON COURT PT CHARLOTTE FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	D BRACKEN, ROBERT 1346 NEAPOLITAN RD. PT CHARLOTTE FL	<input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			3.2 NAME TD MATTHEWS, EDMUND A
			3.3 STREET ADDRESS 1248 NEAPOLITAN RD
			3.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33983
			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 A Cone* 2-24-98

CR2E037 (10/97)