| DOCUMENT # N03233 1. Entity Name SECTION 23, PROPERTY OWNER'S ASSOCIATION, INC. | | | | | FILED Jan 31, 2000 8:00 am Secretary of State | | | |
|--|---|---|--|---|---|-----------------|-----------------------------|--|
| Principal Place of Business 26217 RAMPART BLVD. PUNTA GORDA FL 33983 2. Principal Place of Business Suite, Apt. #, etc. | | Mailing Address 26217 RAMPART BLVD UNIT A PUNTA GORDA FL 33983-6216 US 3. Mailing Address Suite, Apt. #, etc. | | | 01-31-2000 90026 00 | | | |
| | | | | | <u> </u> | | | |
| | | | | | | | | |
| | | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | 4. FEI Numbe | 59-2441507 | 1 - 1 | pplied For ot Applicable | |
| Zip Country | | Zip Country | | 5. Certificate | of Status Desired | \$8.75 Ad | ditional | |
| [| l 6. Name and Address of Current | Registered Agent | Name | 7. Name and | Address of New Registers | • | 5u | |
| | | with a numan of alternating its con- | City | ddress (P.O. Box Number | F | L Zip Cod | le | |
| SIGNATURE | Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25 | and title if applicable. (NOTE: F 9. Election Campaign F Trust Fund Contributi | inancing | \$5.00 May Be Added to Fees | Make Chec Departme | | | |
| 10. | OFFICERS AND DIF | I RECTORS | 11. | ADDITIONS/CHA | I ANGES TO OFFICERS AND | DIRECTORS IN | l 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CONE, WILLIAM 25170 OBELISK COURT PORT CHARLOTTE FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOUCHER, TERESA 1841 POLLARD AVE. NORTH PORT FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZĪP | | w y to two | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HILLSTORM, FLOYD A 1690 NUREMBERG BLVD PORT CHARLOTTE FL 33983 | □X Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOUDOT, LO 26413 LANC PORT CHARL | | □ Change | X Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GLEESON, MARY LOU 2432 GREENLAND COURT PORT CHARLOTTE FL 33983 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D GLEESON, M | ARY LOU BOROUGH ROAD | ∑ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD UNRAU, GLADWIN 26036 LUZON COURT PT CHARLOTTE FL | Delete . | NAME STREET ADDRESS | MILLER, BE 26090 TEMP | RNARD | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Bracken, Robert 1346 Neapolitan Rd. | ☐ Delete · | TITLE NAME STREET ADDRESS | V/D BRACKEN, R | | [汉] Change | ☐ Addition | |

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Compared to the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

| Compared to the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the midminus of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the midminus of the property of the corporation of the corpora

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