

DOCUMENT # N03233

1. Entity Name

SECTION 23, PROPERTY OWNER'S ASSOCIATION, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90026 005 ****61.25

Principal Place of Business: 26217 RAMPART BLVD. PUNTA GORDA FL 33983
Mailing Address: 26217 RAMPART BLVD UNIT A PUNTA GORDA FL 33983-6216 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, 3. Mailing Address, Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number 59-2441507 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: OAKS, DAVID K, 252 W MARION AVE, PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent: Name, Street Address, City, FL, Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

Table with 5 rows of officer/director information including titles (PD, S, TD, D, VD), names, and addresses.

Table with 5 rows of additions/changes to officers/directors including titles (D, T/D, D, V/D), names, and addresses.

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath...

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/26/2000 Daytime Phone #: (941) 764-6624