


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90132 011 \*\*\*\*61.25

**DOCUMENT # N03233**

1. Entity Name  
**SECTION 23, PROPERTY OWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**26217 RAMPART BLVD.  
PUNTA GORDA FL 33983**

Mailing Address  
**26217 RAMPART BLVD.  
PUNTA GORDA FL 33983**


2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

**DUPLICATE**



CHECK HERE IF MAKING CHANGES

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 (P.O. Box Number is Not Acceptable)  
**407 East Marion Avenue, Suite 101**

City  
**Punta Gorda**

State  
**FL**

Zip Code  
**33950**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD UNRAU, GLADWIN 26036 LUZON CT. PUNTA GORDA FL 33983</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BOUCHER, TERESA 1841 POLLARD AVE. NORTH PORT FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BOUDOT, LOUIS 26413 LANCER LN PORT CHARLOTTE FL 33983</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GLEESON, MARY LOU 2202 PETERBOROUGH RD PORT CHARLOTTE FL 33983</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CONE, WILLIAM 25170 OBELISK COURT PUNTA GORDA FL 33983</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARRIS, JOSEPH 25305 C AYCE CT PUNTA GORDA FL 33983</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Goldstein, Harvey 25148 Rosamond Court Punta Gorda, FL 33983</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Trice, Lucas 1101 Fergus Lane Punta Gorda, FL 33983</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Bracken, Robert 1346 Neapolitan Road Punta Gorda, FL 33983</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Wishard, Kristine 26097 Waterfowl Lane Punta Gorda, FL 33983</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Dahlberg, Charlene 25400 Narwhal Lane Punta Gorda, FL 33983</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Harris, Joseph 25305 Cayce Court Punta Gorda, FL 33983</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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; 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: Robert V Bracken **ROBERT V BRACKEN** / 2/2/03 941-764-6674

CR2E037 (10/02)