

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21133

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** SECTION 32 PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 330  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 330  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOENER, JAMES A ESQ.  
10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 330  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VULLIS, MIKE  
Address: 10505 NW 112TH AVENUE, SUITE 14  
City-St-Zip: MIAMI, FL 33178

Title: VD  
Name: ROMERO, RAFAEL  
Address: 10505 NW 112TH AVENUE, SUITE 14  
City-St-Zip: MIAMI, FL 33178

Title: S  
Name: HOENER, JAMES A  
Address: 10151 DEERWOOD PARK BLVD, BLDG 100 STE 330  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VT  
Name: GODOY, RUSTY  
Address: 10505 NW 112TH AVENUE, SUITE 14  
City-St-Zip: MIAMI, FL 33178

Title: VD  
Name: CRUZ, CONNIE  
Address: 10505 NW 112TH AVENUE, SUITE 14  
City-St-Zip: MIAMI, FL 33178 US

Title: AS  
Name: POSTON, CHRISTY  
Address: 10151 DEERWOOD PARK BLVD, BLDG 100 STE 330  
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES A. HOENER

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04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date