

FILE NOW: FILING FEE AFTER MAY 1 IS \$185

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # N94000004572 (3)

95 JUL 24 AM 8:23

1. Corporation Name
SECTION 20 CIVIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2000 RIO DE JANEIRO SUITE 5 PUNTA GORDA FL 33983

3. Date Incorporated or Qualified **09/15/1994** 3a. Date of Last Report

4. FEI Number **65-05921125** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State **27** City & State

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

23 Zip Country **28** Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Zip Country **25** Zip Country **29** Zip Country **30** Zip Country

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CARR, DAROL H. M
2315 AARON ST.
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 corporate board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **FEGREUS, ROBERT**
STREET ADDRESS **318 MARACA ST.**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

11 TITLE **DP** Change Addition
12 NAME **WOLFSTON, JAMES**
13 STREET ADDRESS **26337 BARRANQUILLA AVE.**
14 CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE **DV**
NAME **WILLIAMS, KENNETH**
STREET ADDRESS **25565 AREQUIPA DR.**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

21 TITLE **DVP** Change Addition
22 NAME **GRAUE, CATHERINE**
23 STREET ADDRESS **66 CALLAO ST.**
24 CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE **DST**
NAME **SONDESKY, WILLIAM**
STREET ADDRESS **26202 DEEP CREEK BLVD.**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

31 TITLE **DS** Change Addition
32 NAME **WOLFSTON, MARY KAY**
33 STREET ADDRESS **26337 BARRANQUILLA AVE.**
34 CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE **D** Change Addition
42 NAME **FEGREUS, ROBERT**
43 STREET ADDRESS **318 MARACA ST.**
44 CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE **DT** Change Addition
52 NAME **SONDESKY, WILLIAM**
53 STREET ADDRESS **26202 DEEP CREEK BLVD.**
54 CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES WOLFSTON, PRESIDENT (813) 764-9837