

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720186

FILED
Jan 31, 2006
Secretary of State

Entity Name: THE PORT SEWALL PROPERTY OWNERS ASSOCIATION, INC

Current Principal Place of Business:

P.O. BOX 712
STUART, FL 34995 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 712
STUART, FL 34995 US

New Mailing Address:

FEI Number: 59-1387681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFER, WILLIAM M
4060 SE ST LUCIE BLVD
STUART, FL 34996 US

Name and Address of New Registered Agent:

DRAGSETH, JAMES
2224 SE ST. LUCIE BLVD
STUART, FL 34996 US

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: JAMES DRAGSETH

01/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHAEFER, WILLIAM
Address: 4060 SE OLD ST LUCIE BLVD
City-St-Zip: STUART, FL 34996

Title: TD () Delete
Name: MEYER, GARRY
Address: 2210 SE COUNTRY CLUB LANE
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: DUDLEY, KATHLEEN
Address: 2210 S.E. COUNTRY CLUB LANE
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DRAGSETH, JAMES
Address: 2224 SE ST. LUCIE BLVD
City-St-Zip: STUART, FL 34996

Title: TD (X) Change () Addition
Name: MASON, SUZAN
Address: 3382 SE INLET HARBOR TR
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUZAN MASON

TD

01/31/2006

Electronic Signature of Signing Officer or Director

Date