

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720186

FILED  
Apr 04, 2007  
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:**

2224 SE ST. LUCIE BLVD  
STUART, FL 34996 US

**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:**

DRAGSETH, JAMES  
2224 SE ST. LUCIE BLVD  
STUART, FL 34996 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 ( ) Delete  
Name: DRAGSETH, JAMES  
Address: 2224 SE ST. LUCIE BLVD  
City-St-Zip: STUART, FL 34996

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

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

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

04/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date