





2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90251 024 ****61.25

DOCUMENT # 720186 1. Entity Name THE PORT SEWALL PROPERTY OWNERS ASSOCIATION, INC					
Principal Place of Business 2224 SE ST. LUCIE BLVD STUART, FL 34996 US			Mailing Address P.O. BOX 712 STUART, FL 34995 US		
2. Principal Place of Business - No P.O. Box # 3381 SE INLET HARBOR <small>Boat, Apt. #, etc.</small> TERR.		3. Mailing Address <small>Suite, Apt. #, etc.</small>			
City & State STUART, FL		City & State		4. FEI Number 59-1387681	
Zip 34996		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAGSETH, JAMES 2224 SE ST. LUCIE BLVD STUART, FL 34996			7. Name and Address of New Registered Agent Name MASON, K. SUZANNE Street Address (P.O. Box Number is Not Acceptable) 3381 SE INLET HARBOR TERR. City STUART, FL Zip Code 34996		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRAGSETH, JAMES 2224 SE ST. LUCIE BLVD STUART, FL 34996	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, K. SUZANNE 3381 SE INLET HARBOR TERR STUART, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASON, SUZAN 3382 SE INLET HARBOR TR STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARY, DEBORAH H. 3674 SE OLD ST. LUCIE BLVD. STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUDLEY, KATHLEEN 2210 S.E. COUNTRY CLUB LANE STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUDLEY, KATHLEEN A. 2210 SE COUNTRY CLUB LANE STUART, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHAEFER, CHRISTINE R. 10600 SE OLD ST. LUCIE BLVD STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  KATHLEEN A. DUDLEY 2/5/08 (772) 286-7867 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					