2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720186

FILED Mar 24, 2009 Secretary of State

Entity Name: THE PORT SEWALL PROPERTY OWNERS ASSOCIATION, INC

Current Principal Place of Business: New Principal Place of Business: 3381 SE INLET HARBOR TERR. STUART, FL 34996 **Current Mailing Address: New Mailing Address:** P.O. BOX 712 STUART, FL 34995 US FEI Number: 59-1387681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUZANNE, MASON K 3381 SE INLET HARBOR TERR. STUART, FL 34996 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SUZANNE, MASON K Name: Name: Address: 3381 SE INLET HARBOR TERR. Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: TD () Delete Title: (X) Change () Addition Name: MASON, SUZAN Name: HOLDER, MANDY Address: 3382 SE INLET HARBOR TR Address: 4129 SE OLD ST. LUCIE BLVD City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996 Title: () Delete Title: (X) Change () Addition KATHLEEN, DUDLEY A DRAGSETH, JAMES A Name: Name: 2210 SE COUNTRY CLUB. LANE 2224 SE OLD ST. LUCIE BLVD Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996 () Delete Title: SD Title: () Change () Addition SCHAEFER, CHRISTINE R Name: Name: Address: 4060 SE OLD ST. LUCIE BLVD. Address: City-St-Zip: STUART, FL 34996 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN A. DUDLEY DR 03/24/2009