2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #762695

1. Entity Name

PUNTA GORDA ISLES, SECTION 14 PROPERTY OWNER'S ASSOCIATION, INC.



04-28-2008 90366 003 ****61.25

Apr 28, 2008 8:00 am Secretary of State

FILED

Principal Place of Business Mailing Address 2421 SHREVE ST C/O 2421 SHREVE STREET SUITE 115 STE 115 PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33950							1 (110)) (20)					
Principal Place of Business - No P.O. Box # Mailing Address												
Suite, Apt. #, etc.			Suite. Apt. #, etc.				02062008	Chg-NP	CR2E	037 (12/06)		
City & State			City & State			 	4. FEI Numbe 59-244	1352			pplied For lot Applicable	
Zip		Country	Zi	p	Cou	intry	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	ditional	
	6. Name	and Address of Current	t Register	ed Agent	•		7. Name and	Address of New	Registered	Agent		
		•				Name				7180111	<u> </u>	
BENNETT, DOROTHY M 2421 SHREVE ST							reet Address (P.O. Box Number is Not Acceptable)					
SUITE 119 PUNTA G	_	33950										
				City					F	_		
the obligat	tions of regist			<u>-</u>				h, in the State of F	·····	n familiar with	and accept	
	-Signature, typed	in printed name of registered agen	land the face	pleable. (NOTE	E. Hog-sic-ed	i Ageni signalure req.	uned when renstating)		DATE			
			- 1					—				
		Filing Fee is \$61.25 Due by May 1, 2008										
	_	•		Election Can Trust Fund C			\$5.00 May Be Added to Fees			ck payable t ertment of S	1	
10.	_	•	RECTORS	Trust Fund C	Contributi	on.	ADDITIONS (CHA	FIG	erida Depa	rtment of S	State	
	Due by N	fay 1, 2008	RECTORS	Trust Fund C	Contributi	on.	ADDITIONS (CHA	FIG	erida Depa	rtment of S	State	
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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 feport 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:

CITY-ST-ZIP

941-639-1142