2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762695

FILED Apr 10, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2421 SHREVE ST SUITE 115

PUNTA GORDA, FL 33950 US

Current Mailing Address: New Mailing Address:

C/O 2421 SHREVE STREET STE 115 PUNTA GORDA, FL 33950

FEI Number: 59-2441352 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:

BENNETT, DOROTHY M 2421 SHREVE ST SUITE 115 PUNTA GORDA, FL 33950 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: STRUZIK, KENNETH Name:

 Name:
 STRUZIK, KENNETH
 Name:

 Address:
 PO BOX 512442
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33951
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 MULLONY, HOWARD
 Name:
 MULLANEY, HOWARD

 Address:
 3000 GUADALUPE DRIVE
 Address:
 3000 GUADALUPE DRIVE

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:
 PUNTA GORDA, FL 33950

Title: DS () Delete Title: SD (X) Change () Addition

 Name:
 BORDON, PATRICIA
 Name:
 BORDON, PATRICIA

 Address:
 923 CONECTA DRIVE
 Address:
 923 CONECTA DRIVE

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:
 PUNTA GORDA, FL 33950

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: DOROTHY M. BENNETT CAM 04/10/2009