

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995 5-1-95



FLORIDA DEPARTMENT OF STATE  
Dandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

05 MAY - 1 PH 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N03231** (0)  
1. Corporation Name  
**SECTION 20 PROPERTY OWNER'S ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
2000 RIO DE JANEIRO AVE. SUITE 5  
PUNTA GORDA FL 33903  
US

3. Date Incorporated or Qualified **05/22/1984** 3a. Date of Last Report **02/15/1994**  
4. FEI Number **59-2441508** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CARR, DAROL H M  
2315 AARON ST  
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOWNE, VERNA 422 GALLEGOS ST PUNTA GORDA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHIREAU, ROGER 2000 RIO DE JANEIRO PUNTA GORDA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KELLER, WILLIAM 226 SEASONS DR PUNTA GORDA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAIN, LARRY 28172 COPIAPO CIRCLE PUNTA GORDA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEGLEY, ROY 3280-56A TAMAMI TRAIL PORT CHARLOTTE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHANCEY, MARSHA 18650 LAKE WORTH BLVD. PT. CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD FEGREUS, BOB 318 MARACA STREET PUNTA GORDA, FL 33983
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD BEGLEY, ROY 3280-56A TAMAMI TRAIL PORT CHARLOTTE, FL, 33952
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Verna Towne VERNA TOWNE PRESIDENT 4/27/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR