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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03231 (0)
1. Corporation Name
SECTION 20 PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business 2000 RIO DE JANEIRO AVE. SUITE 5 PUNTA GORDA FL 33983 US	Mailing Address 2000 RIO DE JANEIRO 5 PUNTA GORDA FL 33983 US
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3. Date Incorporated or Qualified 05/22/1984		
4. FEI Number 59-2441508	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 2200 Kings Hwy, Unit G2 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 512123 Suite, Apt. #, etc.		
22 City & State 23 Port Charlotte, FL	27 City & State 28 Punta Gorda, FL		
24 Zip 33980	25 Country USA	29 Zip 33951-2123	30 Country USA

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	85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TOWNE, VERNA	
STREET ADDRESS	422 GALLEGOS ST	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GRAUE, CATHY	
STREET ADDRESS	66 CCALLAO STREET	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BEGLEY, ROY	
STREET ADDRESS	3280-56A TAMAMI TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Roy Begley	
1.3 STREET ADDRESS	3280-56A Tamiami Trail	
1.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	66 Callao Street	
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce Hurt	
3.3 STREET ADDRESS	185 Antofagasta	
3.4 CITY-ST-ZIP	Punta Gorda, FL 33983	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Roy Begley, President 3-27-98*

CR2E037 (10/97)