

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90045 011 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03231

1. Corporation Name

SECTION 20 PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

2200 KINGS HWY
UNIT G2
PORT CHARLOTTE FL 33960
US

Mailing Address

P.O. BOX 512123
PUNTA GORDA FL 33951-2123
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/22/1984

4. FEI Number

59-2441508

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME BEGLEY, ROY
STREET ADDRESS 3280-56A TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VPD DELETE
NAME GRAUE, CATHY
STREET ADDRESS 66 CALLAO STREET
CITY-ST-ZIP PUNTA GORDA FL

TITLE TD DELETE
NAME HURT, BRUCE
STREET ADDRESS 185 ANTOFAGASTA
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD Change Addition
2.2 NAME Towne, Verna T.
2.3 STREET ADDRESS 422 Gallegos St.
2.4 CITY-ST-ZIP Punta Gorda, FL 33983

3.1 TITLE VPD Change Addition
3.2 NAME Rhea, Marion
3.3 STREET ADDRESS 148 Angol Str
3.4 CITY-ST-ZIP Punta Gorda, FL 33983

4.1 TITLE SD Change Addition
4.2 NAME Pickrell, John
4.3 STREET ADDRESS 25512 Aysen Drive
4.4 CITY-ST-ZIP Punta Gorda, FL 33983

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3/18/99 941-624-6562
Date Daytime Phone #

0061766

CR2E037 (11/98)