

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90129 013 ****61.25

DOCUMENT # N03231

1. Entity Name

SECTION 20 PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2200 KINGS HWY
 UNIT G2
 PORT CHARLOTTE FL 33980
 US

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

00001200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2441508

Applied For

Not Applicable

Zip

-Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARR, DAROL H M
2315 AARON ST
PORT CHARLOTTE FL 33952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **BEGLEY, ROY**
 STREET ADDRESS **3280-56A TAMIAMI TRAIL**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** Change Addition
 NAME **ROY BEGLEY**
 STREET ADDRESS **307 E. MARION**
 CITY-ST-ZIP **PUNTA GORDA, FL. 33980**

TITLE **PD** Delete
 NAME **TOWNE, VERNA T**
 STREET ADDRESS **422 GALLEGOS ST**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **MARION, RHEA**
 STREET ADDRESS **148 ANGOL ST**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **PICKRELL, JOHN**
 STREET ADDRESS **25512 AYSEN DR**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **SD** Change Addition
 NAME **CLIVE THOMPSON**
 STREET ADDRESS **25319 AYSEN DRIVE**
 CITY-ST-ZIP **PUNTA GORDA, FL. 33983**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-2-00**

Daytime Phone # **941-627-6562**

CR2E037 (9/99)