

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90140 037 ****61.25

0070766

DOCUMENT # N03231
 1. Entity Name
SECTION 20 PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business 2200 KINGS HWY UNIT G2 PORT CHARLOTTE FL 33980 US	Mailing Address P.O. BOX 512123 PUNTA GORDA FL 33951-2123 US
---	---

00007614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2441508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

7. Name and Address of New Registered Agent

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 *Verna Towne* DATE 1-11-01
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

TITLE	D <input type="checkbox"/> Delete
NAME	BEGLEY, ROY
STREET ADDRESS	307 E MARION
CITY-ST-ZIP	PUNTA GORDA FL 33980
TITLE	PD <input type="checkbox"/> Delete
NAME	TOWNE, VERNA T
STREET ADDRESS	422 GALLEGOS ST
CITY-ST-ZIP	PUNTA GORDA FL 33983
TITLE	TD <input type="checkbox"/> Delete
NAME	HURT, BRUCE
STREET ADDRESS	185 ANTOFAGASTA
CITY-ST-ZIP	PUNTA GORDA FL 33983
TITLE	VD <input type="checkbox"/> Delete
NAME	MARION, RHEA
STREET ADDRESS	148 ANGOL ST
CITY-ST-ZIP	PUNTA GORDA FL 33983
TITLE	SD <input type="checkbox"/> Delete
NAME	THOMPSON, CLIVE
STREET ADDRESS	25319 ARSEN DR
CITY-ST-ZIP	PUNTA GORDA FL 33983
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leroy Dunn
STREET ADDRESS	329 Mendoza Drive
CITY-ST-ZIP	Punta Gorda, FL, 33983
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed Halle
STREET ADDRESS	132 Seasons Drive
CITY-ST-ZIP	Punta Gorda, FL, 33983
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Verna Towne* DATE 1-11-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/00)