

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

FILED

02 DEC 19 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N03231*

1. Entity Name
SECTION 20 PROPERTY OWNER'S ASSOC., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2000 RIO DE JANEIRO AVE

3. Mailing Address
2000 RIO DE JANEIRO AVE.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
SUITE #5

Suite, Apt. #, etc.
SUITE #5

City & State
PUNTA GORDA, FLORIDA

City & State
PUNTA GORDA, FLORIDA

4. FFL Number
59-2441508

Applied For
Not Applicable

Zip
33983

Country
CHARLOTTE

Zip
33983

Country
CHARLOTTE

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE


7. Name and Address of Current Registered Agent

Name
WARREN R. ROSS

Street Address (P.O. Box Number is Not Acceptable)
223 TAYLOR STREET, PUNTA GORDA, FLORIDA

City
PUNTA GORDA FL 33950

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)

12/13/02
DATE

FEE IS \$61.25
Initial or Amended UBR

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 *Pres. PRESIDENT*
NAME *DUNN, LEADY C.*
STREET ADDRESS *329 MENDOZA DRIVE*
CITY - ST - ZIP *PUNTA GORDA, FL. 33983*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
50009601095
*12/13/02--01078--004 **61.25*

TITLE *V.P.*
NAME *WRIGHT, RICHARD*
STREET ADDRESS *74 PEBE COURT*
CITY - ST - ZIP *PUNTA GORDA, FL. 33983*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP


TITLE *SECY.*
NAME *JOHNSON, RICHARD*
STREET ADDRESS *27058 PARATINS DR.*
CITY - ST - ZIP *PUNTA GORDA, FL. 33983*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE *DIR.*
NAME *CELAYA, VAL (MIKE)*
STREET ADDRESS *26272 COPIAPO CIRQUE*
CITY - ST - ZIP *PUNTA GORDA, FL. 33983*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE *DIR.*
NAME *THOMPSON, CLIVE*
STREET ADDRESS *25319 ARLEN DRIVE*
CITY - ST - ZIP *PUNTA GORDA, FL. 33983*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other filers empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/02 (941)
Date Day/Date/Phone #

CR2E0378 (12/01)