


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90039 014 \*\*\*\*61.25

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

Principal Place of Business <b>2000 RIO DE JANEIRO AVE SUITE #5 PUNTA GORDA FL 33983 US</b>	Mailing Address <b>2000 RIO DE JANEIRO AVE SUITE #5 PUNTA GORDA FL 33983 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number <b>59-2441508</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BENSON, MARK R C/O BENSON'S, INC. 12650 WHITEHALL DR FORT MYERS FL 33907</b>		7. Name and Address of New Registered Agent Name <u>W. Kevin Russell</u> Street Address (P.O. Box Number is Not Acceptable) <u>14295 S. Tamiami Trail</u> City <u>North Port</u> <b>FL</b> Zip Code <u>34287</u>			
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *W. Kevin Russell* **W. Kevin Russell** 3/15/06  
Signature. Print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AUSTIN, JANE B</b> <b>2000 RIO DE JANEIRO SUITE # 5</b> <b>PUNTA GORDA FL 33983</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JAKUBAITIS, KIM</b> <b>2000 RIO DE JANEIRO SUITE # 5</b> <b>PUNTA GORDA FL 33983</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BROWN, MIKE</b> <b>2000 RIO DE JANEIRO SUITE # 5</b> <b>PUNTA GORDA FL 33983</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DELLA CAMERA, MICHAEL</b> <b>2000 RIO DE JANEIRO # 5</b> <b>PUNTA GORDA FL 33983</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, TOBY</b> <b>2000 RIO DE JANEIRO SUITE # 5</b> <b>PUNTA GORDA FL 33983</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Robert Evans</b> <b>2000 Rio De Janerio Suite #5</b> <b>Punta Gorda, Fl. 33983</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Maria Rinaldo</b> <b>2000 Rio De Janeiro Suite #5</b> <b>Punta Gorda, Fl. 33983</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Kim Jakubaitis* **Kim Jakubaitis** 3-15-06 941-627-6562