


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90064 030 ****61.25

DOCUMENT # N03231					
1. Entity Name SECTION 20 PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 2000 RIO DE JANEIRO AVE SUITE #5 PUNTA GORDA, FL 33983 US		Mailing Address 2000 RIO DE JANEIRO AVE SUITE #5 PUNTA GORDA, FL 33983 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2441508	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OAKS, DAVID K ESQ DAVID K OAKS, P.A. 407 EAST MARION AVENUE, SUITE 101 PUNTA GORDA, FL 33950			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RINALDO, MARIA 3000 RIO DE JANEIRO STE. 5 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAKUBAITIS, KIM 2000 RIO DE JANEIRO SUITE # 5 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETROSS, DONALD 2000 RIO DE JANERIO STE. 5 PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T Collins, Dan 3000 Rio De Janeiro Ste 5 Punta Gorda, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EVANS, ROBERT 2000 RIO DE JANERIO STE 5 PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Platz, Larry 3000 Rio De Janeiro Ste 5 Punta Gorda, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, GERALD 2000 RIO DE JANIEIRO STE. 5 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 Chapter 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: <u>Kim Jakubaitis</u>		Date: <u>1-9-08</u>		Daytime Phone #: <u>941-627-6562</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					