

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N10084

1. Entity Name
1775 PROPERTY OWNER'S ASSOCIATION, INC.



**FILED
Mar 28, 2006 8:00 am
Secretary of State**

03-28-2006 90131 008 ****61.25

50006319



02282006 Chg-NP CR2E037 (11/05)

Principal Place of Business
5450 WILLIAMSBURG DR
BOX 16
PUNTA GORDA, FL 33982 US

Mailing Address
PO BOX 512702
PUNTAGORDA, FL 33951-2702 US

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
31-1230898

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STAR HOSPITALITY MANAGEMENT
6025 TAYLOR RD #2
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

Tricia Shirex

3-14-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

**\$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 PD Delete
NAME ROLAND, RICK
STREET ADDRESS 5450 WILLIAMSBURG DR
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME TREWORGY, RICK
STREET ADDRESS 5445 WILLIAMSBURG
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD Delete
NAME PHELPS, CRAIG
STREET ADDRESS 24189 HARBOR VIEW RD
CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD Delete
NAME REAGAN, PAT
STREET ADDRESS 5524 INDEPENDENCE
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME STIEHL, CARL
STREET ADDRESS 2030 IAMAKA WAY
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Tricia Shirex*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #