

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

DOCUMENT # **N43484** (7)  
1. Corporation Name  
**SECTION 26 PROPERTY OWNERS' ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1780 DEBORAH DRIVE #16** **1780 DEBORAH DRIVE #16**  
**PUNTA GORDA FL 33950** **PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified <b>05/20/1991</b>	3a. Date of Last Report <b>04/26/1994</b>
4. FEI Number <b>65-0261958</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>20</b>
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**POHLMAN, VINCENT A.**  
**1780 DEBORAH DRIVE #16**  
**PUNTA GORDA 33950**

10. Name and Address of New Registered Agent  
81 Name  
**Miriam Bechtol**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1780 Deborah Drive #20**  
83  
84 City  
**Punta Gorda** **FL** 85 Zip Code  
**33950**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  
SIGNATURE Miriam Bechtol *Miriam Bechtol, Registered Agent* **APRIL 20, 1995**  
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV</b> <b>HADUCH, EDWARD R</b> <b>745 12TH AVENUE SOUTN, SUITE F</b> <b>NAPLES FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>TAYLOR, WILLIAM B</b> <b>1780 DEBORAH DRIVE #18</b> <b>PUNTA GORDA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST</b> <b>POHLMAN, VINCENT A.</b> <b>1780 DEBORAH DRIVE #16</b> <b>PUNTA GORDA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<b>DV</b> <b>LISA S. PAUL</b> <b>745 -12th AVENUE SOUTH SUTIE F</b> <b>NAPLES FL 33940</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<b>DST</b> <b>MIRIAM BECHTOL</b> <b>1780 DEBORAH DRIVE # 20</b> <b>PUNTA GORDA FL 33950</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: Miriam Bechtol, DST. *Miriam Bechtol* **4/20/95** **813-637-6253**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR