FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N43484

1. Corporation Name

SECTION 26 PROPERTY OWNERS' ASSCOCIATION, INC.

Principal Place of Business

1780 DEBORAH DRIVE #16 PUNTA GORDA FL 33950

Mailing Address

1780 DEBORAH DRIVE #16

SUITE 20

PUNTA GORDA FL 33950

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90119 039 ****61.25



2. Principal P	lace of Business #19	2a. Mailing Address	<u> </u>	3. Date Incorporated or Qualifed	
21 1780	DEBORAH VRIVE	26 1180 VEBOZAH	VRIVE #	Q 05/20/1991	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22 VVN	TO CORDA, FL	27 YUNGE GOS	200, FL	65-0261958	Not Applicable
City & Stat	e _	City & State	_	5. Certificate of Status Desired	\$8.75 Additional
23 330	150 US	28 33950	US _	G. Continuate of Charles Bookies	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30	<u> </u>	Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
81 1				ORIS E. HING	
MIRIAM BECHTOL			82 Street Address (P.O. Box Number is Not Acceptable)		
1780 DEBORAH DR			1780 DEGORAY DRIVE		
SUTIE 20			83	10	
PUNTA GORDA FL 33950			84 City		85 Zip Code
I OIIIA G	ONDA 1 E 30300		84 City	UNTA GARDA FL	33950
11 Burguest to the provisions of Sections 617 0502 and 617 1508 Florida Statutes, the above-paried comporation 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 617.0503, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agents	ing tild i Anticable (NOTE: Re	egistered Agent signature re	oulred when reinstating) DATE	/
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DV	☐ DELETE	1.1 TiTLE		Change Addition
NAME	GARVER, DEAN	_	1.2 NAME		
STREET ADDRESS	745-12TH AVENUE SUITE F		1,3 STREET ADDRESS		
	NAPLES FL		1.4 CITY-ST-ZIP		
CITY-ST-ZIP		□ DELETE	2.1 TITLE		Change Addition
TITLE	DP		2.2 NAME	•	_
NAME	TAYLOR, WILLIAM B				
STREET ADDRESS	1780 DEBORAH DRIVE #18		2.3 STREET ADDRESS		į
CITY-ST-ZIP	PUNTA GORDA FL	X DELETE	2.4 CITY-ST-ZiP	75T - N	Change Addition
TITLE	DST	POETEIE	3.1 TITLE	MING DORIS E.	€
NAME	BECHTOL, MIRIAM		3.2 NAME		
STREET ADDRESS	1780 DEBORAH DR SUITE 20		3.3 STREET ADDRESS	1780 DEBORAH DRIVE #19	ا
CITY-ST-ZIP	PUNTA GORDA FL	D SELECT	3.4. CITY-ST-ZIP	PUNTA GORDA, FL 3393	O ☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		□ ≥ueuide □ vooingu ,
NAME	! 		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	,	Change Addition
NAME			5.2 NAME		į
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	i i	Change
NAME			6.2 NAME		
STREET ADDRESS	·		6.3 STREET ADDRESS		
CITY ST 7ID			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE: