2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 26, 2001 8:00 am Secretary of State DOCUMENT # N43484 1. Entity Name SECTION 26 PROPERTY OWNERS' ASSCOCIATION, INC. 03-26-2001 90014 041 ****61.25 Principal Place of Business Mailing Address 1780 DEBORAH DR 1780 DEBORAH DR 60091600 #19 #19 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 3. Mailing Address 2. Principal Place of Business BURNT STORE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number ATUÜ 65-0261958 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING. DORIS E 1780 DEBORAH DR #19 PUNTA GORDA FL 33950 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 **SIGNATURE** gnature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D۷ DP TITLE TITLE X Addition ■ Delete ☐ Change JAMES M. HOLAN GARVER, DEAN NAME NAME 1780-27 DEBORAH DR. STREET ADDRESS 745-12TH AVENUE SUITE F STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP PUNTA GORDA, FL 33950 DΡ TITLE Delete TITLE ☐ Change **Addition** DOROTHY PEARSON 1780-12- DEBORAH DR. TAYLOR, WILLIAM B NAME NAME STREET ADDRESS 1780 DEBORAH DRIVE #18 STREET ADDRESS CITY_ST-ZIP PUNTA GORDA FL 33950. PUNTA-GORDA-FL --CITY-ST-7IP DST ☐ Delete TITLE ☐ Change ☐ Addition KING, DORIS E NAME NAME STREET ADDRESS 1780 DEBORAH DRIVE #19 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 12. 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 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 empower SIGNATURE: