


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90072 019 ****61.25

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DOCUMENT # N43484			
1. Entity Name SECTION 26 PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 15510 BURNT STORE PUNTA GORDA, FL 33955 US		Mailing Address C/O STAR HOSP. MGMT 6025 TAYLOR ROAD # 2 PUNTA GORDA, FL 33950 US	
2. Principal Place of Business - No P.O. Box # 1780 Deborah Dr		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Punta Gorda		City & State	
Zip 33950		Country	
6. Name and Address of Current Registered Agent STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR ROAD PUNTA GORDA, FL 33955		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE	D <input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS, BOB	NAME	
STREET ADDRESS	1780 DEBORAH # 24	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUTA, WALTER	NAME	
STREET ADDRESS	1780 DEBORAH DRIVE, # 8	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREHM, HOWARD	NAME	
STREET ADDRESS	1780-08 DEOBRAH DR	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Walter Nauta</u>		Date: <u>2-22-07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	