2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43484

FILED Feb 19, 2009 Secretary of State

Entity Name: SECTION 26 PROPERTY OWNERS' ASSCOCIATION, INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
	ORAH DR ORDA, FL 3395	55 US			
Current Mailing Address:		New Mailing A	New Mailing Address:		
025 TAYL	R HOSP. MGMT LOR ROAD # 2 ORDA, FL 3395	50 US	C/O STAR HOS 26530 MALLARI PUNTA GORDA	D WAY	
El Number	: 65-0261958	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	l Address of C	ırrent Registered Agent:	Name and Add	ress of New Registered Agent:	
6025 TAYL	SPITALITY MAN LOR ROAD ORDA, FL 3395	IAGEMENT, INC. 55 US	STAR HOSPITA 26530 MALLAR PUNTA GORDA		
	e named entity so e of Florida.	ubmits this statement for the	purpose of changing its reg	sistered office or registered agent, or bo	
n the State	e of Florida.	ubmits this statement for the	purpose of changing its reg	gistered office or registered agent, or bo 02/19/2009	
n the State	e of Florida. RE:	ubmits this statement for the			
n the State	e of Florida. RE:	c Signature of Registered Ac	gent	02/19/2009	
n the State	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Aç ORS: Delete VILLIAM RAH DRIVE	gent	02/19/2009 Date	
n the State SIGNATUI DFFICER: Title: Name: Address:	e of Florida. RE: Electroni S AND DIRECT S () I RINGELSTAN, W 1780 #12 DEBO PUNTA GORDA,	C Signature of Registered Actions: CORS: Colete VILLIAM RAH DRIVE FL 33950 Colete R DRIVE, # 8	gent ADDITIONS/CH Title: Name: Address:	02/19/2009 Date IANGES TO OFFICERS AND DIRECT	
n the State BIGNATUI DFFICER: Title: Jame: Address: City-St-Zip: Title: Jame: Address:	e of Florida. RE: Electroni S AND DIRECT S ()I RINGELSTAN, W 1780 #12 DEBO PUNTA GORDA, P ()I NAUTA, WALTEF 1780 DEBORAH PUNTA GORDA,	c Signature of Registered Actor Cors: Delete VILLIAM RAH DRIVE FL 33950 Delete R DRIVE, #8 FL 33950 Delete RD AH DR	ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: VP Name: Address: Address: 1780	02/19/2009 Date IANGES TO OFFICERS AND DIRECT () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER NAUTA P 02/19/2009