

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91443 004 ****61.25

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
**15510 BURNT STORE
PUNTA GORDA FL 33955
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0261958**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, ALAN
C/O STAR HOSPITALITY MGMT, INC
15510 BURNT STORE RD
PUNTA GORDA FL 33955**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DST** Delete
NAME **KING, DORIS E**
STREET ADDRESS **1780 DEBORAH DRIVE #19**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **DST** Change Addition
NAME **Bob Louis**
STREET ADDRESS **1780 Deborah Dr. # 24**
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **DP** Delete
NAME **NOLAN, JAMES M**
STREET ADDRESS **1780-27 DEBORAH DR**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** Delete
NAME **PEARSON, DOROTHY**
STREET ADDRESS **1780-12 DEBORAH DR**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **DV** Change Addition
NAME **Howard Brehm.**
STREET ADDRESS **1780-08 Deborah Dr.**
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 empowered.

SIGNATURE: **SIGNATURE REQUIRED**

CR2E037 (1/0/02)