



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90033 024 \*\*\*\*61.25

<b>DOCUMENT # N96000005057</b> 1. Entity Name PGI SECTION 24 PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1625 WEST MARION AVENUE SUITE 2 PUNTA GORDA, FL 33950			Mailing Address 1625 WEST MARION AVENUE SUITE 2 PUNTA GORDA, FL 33950		
2. Principal Place of Business 1107 W. Marion Ave. Suite, Apt. #, etc. Ste. 112		3. Mailing Address 1107 W. Marion Ave. Suite, Apt. #, etc. Ste. 112			
City & State Punta Gorda, FL		City & State Punta Gorda, FL		4. FEI Number 65-0751949	
Zip 33950		Country Charlotte		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  MERICIN, STEWART A 444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name MERKIN, STEWART Street Address (P.O. Box Number is Not Acceptable) 444 Brickell Avenue Suite 300 City Miami, FL Zip Code 33131	
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 <u>Stewart A. Merkin</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/30/04.</u>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, SUZANNE W 444 BRICKELL AVE., STE. 300 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LORICCO, CARLO 3005 CARING WAY, SUITE A PORT CHARLOTTE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MERKIN, STEWART 444 BRICKELL AVE., #300 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Stewart A. Merkin</u>		Date <u>3/30/04</u>		Daytime Phone # <u>3053575556</u>	