


FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 747998 (3)  
1. Corporation Name  
BURWICK HOME OWNERS ASSOCIATION, INC.



Principal Place of Business: 7100 FAIRWAY DRIVE - #29 PALM BEACH GARDENS FL 33418  
Mailing Address: 7100 FAIRWAY DRIVE - #29 PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: 07/09/1979  
4. FEI Number: 59-1969410  
Applied For: Not Applicable

2. Principal Place of Business: 300 AVENUE OF CHAMPIONS, Suite, Apt. #, etc.  
2a. Mailing Address: 300 AVENUE OF CHAMPIONS, Suite, Apt. #, etc.  
23. City & State: PALM BEACH GARDENS, FL  
27. City & State: PALM BEACH GARDENS, FL  
24. Zip: 33418, Country: USA  
29. Zip: 33418, Country: USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
QUEEN, SUSAN M.  
7100 FAIRWAY DRIVE #29  
PALM BCH. GARDENS FL 33418

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 300 AVENUE OF CHAMPIONS  
84 City: PALM BEACH GARDENS, FL 85 Zip Code: 33418

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, GARY	1.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR. #29	1.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH. GARDENS FL 33418	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALVORSON, STEVE	2.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR. #29	2.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH. GARDENS FL 33418	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMESSER, MARK	3.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR. #29	3.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH. GARDENS FL 33418	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, LESTER	4.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR., #29	4.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNEWITZ, ECKHARD	5.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR., #29	5.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLEN, JERRY	6.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR., #29	6.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 2/7/98

CP2E037 (10/97)