

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90018 039 ****70.00

0042705

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 747998

1. Corporation Name

BURWICK HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

300 AVENUE OF CHAMPIONS
 PALM BEACH GARDENS FL 33418
 US

Mailing Address

300 AVENUE OF CHAMPIONS
 PALM BEACH GARDENS FL 33418
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/09/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-1969410

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUEEN, SUSAN M.
 300 AVENUE OF CHAMPIONS
 PALM BCH. GARDENS FL 33418

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
 NAME FIELDS, GARY
 STREET ADDRESS 300 AVENUE OF CHAMPIONS
 CITY-ST-ZIP PALM BCH. GARDENS FL 33418

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VD
 NAME HALVORSON, STEVE
 STREET ADDRESS 300 AVENUE OF CHAMPIONS
 CITY-ST-ZIP PALM BCH. GARDENS FL 33418

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE STD
 NAME FELDMESSER, MARK
 STREET ADDRESS 300 AVENUE OF CHAMPIONS
 CITY-ST-ZIP PALM BCH. GARDENS FL 33418

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D
 NAME LARSEN, LESTER
 STREET ADDRESS 300 AVENUE OF CHAMPIONS
 CITY-ST-ZIP PALM BCH GARDENS FL 33418

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D
 NAME BENNEWITZ, ECKHARD
 STREET ADDRESS 300 AVENUE OF CHAMPIONS
 CITY-ST-ZIP PALM BCH GARDENS FL 33418

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D
 NAME GILLEN, JERRY
 STREET ADDRESS 300 AVENUE OF CHAMPIONS
 CITY-ST-ZIP PALM BCH GARDENS FL 33418

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

Gary Fields

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)