

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90040 017 ****70.00

DOCUMENT # 747998 ✓
 1. Entity Name
Burwick Homeowners Association

Principal Place of Business Mailing Address
300 Avenue of the Champions
Palm Beach Gardens, Florida 33418

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

00063425
 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Susan M Queen
300 Avenue of the Champions
Palm Beach Gardens, Florida 33418

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	Gary Fields
STREET ADDRESS	300 Avenue of the Champions
CITY-ST-ZIP	Palm Beach Gardens, Fl 33418
TITLE	VP <input type="checkbox"/> Delete
NAME	Steve Halvorson
STREET ADDRESS	300 Ave of the Champions
CITY-ST-ZIP	Palm Beach Gardens, Fl 33418
TITLE	ST <input type="checkbox"/> Delete
NAME	Mark Felmesser
STREET ADDRESS	300 Ave of the Champions
CITY-ST-ZIP	Palm Beach Gardens, Fl 33418
TITLE	D <input type="checkbox"/> Delete
NAME	Lester Larsen
STREET ADDRESS	300 Ave of the Champions
CITY-ST-ZIP	Palm Beach Gardens, Fl 33418
TITLE	D <input type="checkbox"/> Delete
NAME	Jerry Gillen
STREET ADDRESS	300 Ave of the Champions
CITY-ST-ZIP	Palm Beach Gardens, Fl 33418
TITLE	D <input type="checkbox"/> Delete
NAME	James DeLonga
STREET ADDRESS	300 Ave of the Champions
CITY-ST-ZIP	Palm Beach Gardens, Fl 33418

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)