

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N03228 (6)

1. Corporation Name

BURNT STORE VILLAGE PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1625 W. MARION AVE
PUNTA GORDA FL 33950

1625 W. MARION AVE
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified
05/22/1984

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 6

27 Suite 6

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2441365

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYANT, LORETTA
1625 W. MARION AVENUE
PUNTA GORDA FL 33950**

81 Name

Geoffrey L. Lorah

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

**1625 W. Marion Avenue
Suite 6**

83 City

Punta Gorda

FL

85 Zip Code
33950

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

Geoffrey L. Lorah

Geoffrey L. Lorah, CPA

6/28/96

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** DELETE
NAME **ATWELL, DONALD P.**
STREET ADDRESS **144 W. MARION AVE.**
CITY - ST - ZIP **PUNTA GORDA FL**

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

TITLE **VPD** DELETE
NAME **EADY, FAY**
STREET ADDRESS **25197 CADIZ DRIVE**
CITY - ST - ZIP **PUNTA GORDA FL**

2.1 TITLE Change Addition
2.2 NAME **VP, D**
2.3 STREET ADDRESS **Coad, Marvin F.**
2.4 CITY - ST - ZIP **25460 Avillas Court
Punta Gorda, FL 33955-4300**

TITLE **STD** DELETE
NAME **LIVINGSTON, JACQUELINE D.**
STREET ADDRESS **25207 ALCAZAR DRIVE**
CITY - ST - ZIP **PUNTA GORDA FL**

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

TITLE **D** DELETE
NAME **ATWELL, DONALD P.**
STREET ADDRESS **25226 PUERTA DR.**
CITY - ST - ZIP **PUNTA GORDA FL**

4.1 TITLE Change Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Runyon, John R.**
4.4 CITY - ST - ZIP **25422 Estrada Circle
Punta Gorda, FL 33955-4203**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Muccio, Audrey**
5.4 CITY - ST - ZIP **25338 Puerta Drive
Punta Gorda, FL 33955-4249**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald P. Atwell, President

Date

941/639-0090

Daytime Phone #

CR2E037 (3/96)