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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03228 (6)

1. Corporation Name
BURNT STORE VILLAGE PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business 1625 W. MARION AVE 8 PUNTA GORDA FL 33950 US	Mailing Address P.O. BOX 512126 6 PUNTA GORDA FL 33950-2126 US
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3. Date Incorporated or Qualified 05/22/1984	
4. FEI Number 59-2441365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 512126 27 Suite, Apt. #, etc. 28 Punta Gorda, FL 29 Zip 30 Country
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9. Name and Address of Current Registered Agent

LORAH, GEOFFREY L
1625 W MARION AVENUE, SUITE 8
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ATWELL, DONALD P.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	144 W. MARION AVE.	1.2 NAME	
CITY-ST-ZIP	PUNTA GORDA FL	1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	D COAD, MARVIN F	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	25400 AVILLAS COURT	2.2 NAME	Loffler, Jack
CITY-ST-ZIP	PUNTA GORDA FL	2.3 STREET ADDRESS	16357 LaRocha Dr.
	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Punta Gorda, FL
TITLE	VD LIVINGSTON, JACQUELINE D.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	25207 ALCAZAR DRIVE	3.2 NAME	Livingston, Jacqueline D.
CITY-ST-ZIP	PUNTA GORDA FL	3.3 STREET ADDRESS	25207 Alcazar Drive
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	Punta Gorda, FL
TITLE	D RUNYON, JOHN R	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	25422 ESTRADA CIRCLE	4.2 NAME	Knutson, L.W.
CITY-ST-ZIP	PUNTA GORDA FL	4.3 STREET ADDRESS	25321 Doredo Drive
	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	Punta Gorda, FL
TITLE	SD MUCCIO, AUDREY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	25338 PUERTA DRIVE	5.2 NAME	
CITY-ST-ZIP	PUNTA GORDA FL	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	TD SEIB, LINDA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18424 CAMPO CANO COURT	6.2 NAME	
CITY-ST-ZIP	PUNTA GORDA FL	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	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: _____ Donald P. Atwell, Pres. 2/6/98 941-637-8884

CF2E037 (10/97)