

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 # N03232 (8)

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



Principal Place of Business Mailing Address
1625 W. MARION AVENUE PUNTA GORDA FL 33950

3. Date Incorporated or Qualified **05/22/1984** 3a. Date of Last Report **02/10/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2441356	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
BRYANT, LORETTA
1625 W. MARION AVENUE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
 81 Name **Geoffrey L. Lorah**
 82 Street Address (P.O. Box Number is Not Acceptable)
1625 W. Marion Avenue
 83 **Suite 6**
 84 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** DATE **6/28/96**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEAN, REBECCA P.	
STREET ADDRESS	24631 YACHT CLUB DRIVE	
CITY - ST - ZIP	PUNTA GORDA FL 33955	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, BRAD	
STREET ADDRESS	12077 S.W. KINGSWAY CIRCLE	
CITY - ST - ZIP	LAKE SUZY FL 33821	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	STICKLER, DIANE L.	
STREET ADDRESS	2 PIRATES LANE, APT. 24A	
CITY - ST - ZIP	PUNTA GORDA FL 33955	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIGG, WAYNE A.	
STREET ADDRESS	17100 THYME COURT	
CITY - ST - ZIP	PUNTA GORDA FL 33955	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, LOWELL	
STREET ADDRESS	17143 NUTMEG ROAD	
CITY - ST - ZIP	PUNTA GORDA FL 33955	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Milner, Marvin E.	
2.3 STREET ADDRESS	24319 San Ciprian Road	
2.4 CITY - ST - ZIP	Punta Gorda, FL 33955-4029	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Urtz, Peter S.	
3.3 STREET ADDRESS	24339 Matias Lane	
3.4 CITY - ST - ZIP	Punta Gorda, FL 33955-4041	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Geoffrey L. Lorah* **Geoffrey L. Lorah** DATE **6/28/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)