

FILE NOW: FILING FEE IS \$61.25

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Feb 13 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 # N03232 (8)

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

Principal Place of Business 1625 W. MARION AVENUE PUNTA GORDA FL 33950	Mailing Address PO BOX 512124 PUNTA GORDA FL 33951-2124 US
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 P.O. Box 512124 Suite, Apt #, etc. 27 City & State 28 Punta Gorda, FL Zip 29 33951-2124 Country 30
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3. Date Incorporated or Qualified 05/22/1984	4. FEI Number 59-2441356	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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			



9. Name and Address of Current Registered Agent

**LORAH, GEOGGREY L
1625 W MARION AVENUE , SUITE 6
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name Lorah, Geoffrey L.
82 Street Address (P.O. Box Number is Not Acceptable) 1625 W. Marion Avenue, Suite
83
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** DATE: **2/6/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THEISEN, ALLEN		1.2 NAME Theisen, Allen	
STREET ADDRESS 17171 SPICE LN		1.3 STREET ADDRESS 17171 Spice Ln	
CITY-ST-ZIP PUNTA GORDA FL		1.4 CITY-ST-ZIP Punta Gorda, FL	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILNER, MARVIN E		2.2 NAME	
STREET ADDRESS 24319 SAN CIPRIAN ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA FL		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME URTZ, PETER S		3.2 NAME	
STREET ADDRESS 24339 MATIAS LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REILLY, JAMES		4.2 NAME	
STREET ADDRESS 16625 ACAPULCO RD		4.3 STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA FL		4.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME THOMPSON, LOWELL		5.2 NAME Weller, Joanne	
STREET ADDRESS 17143 NUTMEG ROAD		5.3 STREET ADDRESS 17127 Cape Horn Blvd.	
CITY-ST-ZIP PUNTA GORDA FL		5.4 CITY-ST-ZIP Punta Gorda, FL	
TITLE VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEK, DONALD		6.2 NAME	
STREET ADDRESS 16361 RABAT WAY		6.3 STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDE FL		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: *Allen Theisen* **Allen Theisen, Treas.** DATE: **2/6/98** PHONE: **941-637-8884**

CR2E037 (10/97)