


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # **747998** (3)

1. Corporation Name

BURWICK HOME OWNERS ASSOCIATION, INC.



Principal Place of Business 7100 FAIRWAY DRIVE - #29 PALM BEACH GARDENS FL 33418	Mailing Address 7100 FAIRWAY DRIVE - #29 PALM BEACH GARDENS FL 33418
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3. Date Incorporated or Qualified 07/09/1979	
4. FEI Number 59-1969410	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 31 300 AVENUE OF CHAMPIONS Suite, Apt. #, etc. 22 City & State 23 PALM BEACH GARDENS, FL Zip 24 33418	2a. Mailing Address 26 300 AVENUE OF CHAMPIONS Suite, Apt. #, etc. 27 City & State 28 PALM BEACH GARDENS, FL Zip 29 33418 Country 30 USA
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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 QUEEN, SUSAN M. 7100 FAIRWAY DRIVE #29 PALM BCH. GARDENS FL 33418

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 300 AVENUE OF CHAMPIONS 83 84 City PALM BEACH GARDENS, FL 85 Zip Code 33418
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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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, GARY	1.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR. #29	1.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH. GARDENS FL 33418	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALVORSON, STEVE	2.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR. #29	2.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH. GARDENS FL 33418	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMESSER, MARK	3.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR. #29	3.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH. GARDENS FL 33418	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, LESTER	4.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR., #29	4.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNEWITZ, ECKHARD	5.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR., #29	5.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLEN, JERRY	6.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR., #29	6.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	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: _____ 2/7/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (10/97)