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Jun 25 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 # N08494 (9)
1. Corporation Name
BURNT STORE COUNTRY CLUB, INC.



Principal Place of Business 301 MADRID BLVD PUNTA GORDA FL 33950	Mailing Address 301 MADRID BLVD PUNTA GORDA FL 33950
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3. Date Incorporated or Qualified 04/02/1985		
4. FEI Number 59-2542237	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 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 type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ROONEY, J MICHAEL
306 E. OLYMPIA AVENUE
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
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

TITLE	VP - <input checked="" type="checkbox"/> DELETE
NAME	FORD, JAMES
STREET ADDRESS	1222 PARTRIDGE DR.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	JACOBSEN, ROBERT
STREET ADDRESS	2160 CHARLOTTE AMALIE CT
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	T - <input type="checkbox"/> DELETE
NAME	JUNE, RUSSELL
STREET ADDRESS	313 SEGOVIA DR.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BABITZKE, BETTY
STREET ADDRESS	524 LACARUNA CT
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	KNOX, DAVE
STREET ADDRESS	4061 KING TARPON DR
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	FC - <input type="checkbox"/> DELETE
NAME	COLEMAN, ROBERT
STREET ADDRESS	3612 AVES ISLAND CT.
CITY-ST-ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FORD, JAMES
1.3 STREET ADDRESS	1222 Partridge Dr.
1.4 CITY-ST-ZIP	Punta Gorda, FL
2.1 TITLE	VP - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mac Martin, William
2.3 STREET ADDRESS	430 Monaco Dr.
2.4 CITY-ST-ZIP	Punta Gorda, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SECRETARY - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	24283 Balaric Lane <i>Hal Johnson</i>
4.3 STREET ADDRESS	Punta Gorda, FL
4.4 CITY-ST-ZIP	
5.1 TITLE	CD - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CAMPION, Robert
5.3 STREET ADDRESS	507 Monaco Dr.
5.4 CITY-ST-ZIP	Punta Gorda, FL
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 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: *[Signature]* Treasurer 4/30/98 6371612

CR2E037 (10/97)