


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90047 044 \*\*\*\*61.25

**DOCUMENT # N08494**  
 1. Entity Name  
**BURNT STORE COUNTRY CLUB, INC.**



Principal Place of Business Mailing Address  
**301 MADRID BLVD 301 MADRID BLVD**  
**PUNTA GORDA FL 33950 PUNTA GORDA FL 33950**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

66408787



MOORE CR2E037 (11/03)

4. FEI Number **59-2542237** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STOCKS, JOSEPH**  
**301 MADRID BLVD.**  
**PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Joseph Stocks*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**  
 Make Check Payable to Florida Department of State

10. DELETES TO OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: STOCKS, JOSEPH STREET ADDRESS: 2655 RYAN BLVD. CITY-ST-ZIP: PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: RICHTER, James STREET ADDRESS: 3663 South Crete Dr. CITY-ST-ZIP: Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: MYERS, CHARLIE STREET ADDRESS: 3812 ST. GIRONS AVE. CITY-ST-ZIP: PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: YOUNG, Alan J. STREET ADDRESS: 3962 San Peitro Ct. CITY-ST-ZIP: Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: SCHRODE, KATHY STREET ADDRESS: 3713 BORDEAU CITY-ST-ZIP: PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: FELMORE, LAURA STREET ADDRESS: 638 Madrid Blvd. CITY-ST-ZIP: Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: KOON, ARDEN STREET ADDRESS: 688 MONACO DR. CITY-ST-ZIP: PUNTA GORDA FL 33950	<input type="checkbox"/> Delete	TITLE: SD NAME: SAME STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SHARPLESS, RONALD STREET ADDRESS: 5089 SAN ROCCO DR. CITY-ST-ZIP: PUNTA GORDA FL 33950	<input type="checkbox"/> Delete	TITLE: D NAME: SAME STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PO NAME: HABERKAMP, ROBERT STREET ADDRESS: 3403 TRIPOLI BLVD. CITY-ST-ZIP: PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: O'SULLIVAN, MICHAEL STREET ADDRESS: 807 Monaco Dr. CITY-ST-ZIP: Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Joseph Stocks*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date Daytime Phone #

Attachment

66408787

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DOCUMENT #N08494

BURNT STORE COUNTRY CLUB

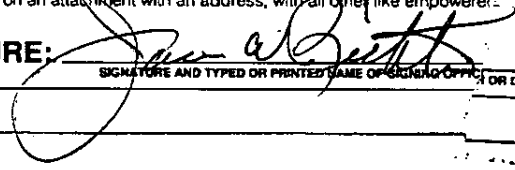
11. D

WOLLERMANN, WAYNE  
3853 Bordeaux Drive  
Punta Gorda, FL 33950

Addition

STREET ADDRESS CITY-ST-ZIP	668 MONACO DR. PUNTA GORDA FL 33950	TITLE STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	D SHARPLESS, RONALD <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5089 SAN ROCCO DR. PUNTA GORDA FL 33950	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	PD HABERKAMP, ROBERT <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3403 TRIPOLI BLVD. PUNTA GORDA FL 33950	STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date Daytime Phone #