

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90716 029 ****70.00

DOCUMENT # 747998

1. Entity Name
BURWICK HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**300 AVENUE OF CHAMPIONS
PALM BEACH GARDENS, FL 33418 US**

Mailing Address
**300 AVENUE OF CHAMPIONS
PALM BEACH GARDENS, FL 33418 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1969410

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUEEN, SUSAN M.
300 AVENUE OF CHAMPIONS
PALM BCH. GARDENS, FL 33418**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **DELONGA, JAMES**
STREET ADDRESS **300 AVENUE OF CHAMPIONS**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HUGHES, JACK**
STREET ADDRESS **300 AVENUE OF CHAMPIONS**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☐ Change ☒ Addition
NAME **Anthony Byk**
STREET ADDRESS **300 Ave of Champions**
CITY-ST-ZIP **PBG, FL 33415**

TITLE **STD** ☐ Delete
NAME **FELDMESSER, MARK**
STREET ADDRESS **300 AVENUE OF CHAMPIONS**
CITY-ST-ZIP **PALM BCH. GARDENS, FL 33418**

TITLE **D** ☐ Change ☒ Addition
NAME **Richard Carlson**
STREET ADDRESS **300 Ave of Champions**
CITY-ST-ZIP **PBG, FL 33415**

TITLE **D** ☐ Delete
NAME **AVAKIAN, SHIRLEY**
STREET ADDRESS **300 AVENUE OF CHAMPIONS**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☐ Change ☒ Addition
NAME **Deanne Larsen**
STREET ADDRESS **300 Ave of Champions**
CITY-ST-ZIP **PBG, FL 33415**

TITLE **D** ☐ Delete
NAME **HALVERSON, STEVE**
STREET ADDRESS **300 AVENUE OF CHAMPIONS**
CITY-ST-ZIP **PALM BCH GARDENS, FL 33418**

TITLE **D** ☐ Change ☒ Addition
NAME **Charles Ring**
STREET ADDRESS **300 Ave of Champions**
CITY-ST-ZIP **PBG FL 33415**

TITLE **D** ☐ Delete
NAME **WATHEY, GEORGE**
STREET ADDRESS **300 AVENUE OF CHAMPIONS**
CITY-ST-ZIP **PALM BCH GARDENS, FL 33418**

TITLE **D** ☐ Change ☒ Addition
NAME **Harry Zinner**
STREET ADDRESS **300 Ave of Champions**
CITY-ST-ZIP **PBG FL 33415**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #