

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90005 014 ****61.25

DOCUMENT # N03228

1. Entity Name
**BURNT STORE VILLAGE PROPERTY OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**1625 W. MARION AVE
6
PUNTA GORDA, FL 33950 US**

Mailing Address
**P.O. BOX 512126
PUNTA GORDA, FL 33951-2126 US**

50002487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2441365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LORAH, GEOFFREY L
1625 W MARION AVENUE, SUITE 6
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

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, 2005**

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

TITLE PD ☒ Delete
NAME BURNS, NEAL
STREET ADDRESS 16403 BECASSE DRIVE
CITY-ST-ZIP PUNTA GORDA, FL 339554353

TITLE STD ☒ Delete
NAME CARRIERE, DAWN
STREET ADDRESS 25685 PRADA DRIVE
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE D ☐ Delete
NAME SEIB, LINDA
STREET ADDRESS 16424 CAMPO SANO COURT
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE D ☐ Delete
NAME CALVERT, MARY A
STREET ADDRESS 16256 MINTRA CT
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE D ☒ Delete
NAME BRUCH, GUENTER
STREET ADDRESS 25935 PRADA DR
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE VP ☒ Delete
NAME COSTA, CHARLES
STREET ADDRESS 16323 PERDIDA CT.
CITY-ST-ZIP PUNTA GORDA, FL 33955

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Costa, Charles
STREET ADDRESS 16323 Perdida Ct
CITY-ST-ZIP Punta Gorda, FL 33955

TITLE VPD ☒ Change ☐ Addition
NAME Calvert, Mary A
STREET ADDRESS 16256 Mintra Ct
CITY-ST-ZIP Punta Gorda, FL 33955

TITLE STD ☒ Change ☐ Addition
NAME Seib, Linda
STREET ADDRESS 16424 Campo Sano Court
CITY-ST-ZIP Punta Gorda, FL 33955

TITLE D ☒ Change ☐ Addition
NAME Stetler, Robyn
STREET ADDRESS 16116 Overdale Ct
CITY-ST-ZIP Punta Gorda, FL 33955

TITLE D ☒ Change ☐ Addition
NAME Daniele, Thomas
STREET ADDRESS 16115 Quiche Ct
CITY-ST-ZIP Punta Gorda, FL 33955

TITLE D ☒ Change ☐ Addition
NAME Page, Renee
STREET ADDRESS 25444 Alicante Dr
CITY-ST-ZIP Punta Gorda, FL 33955

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:

Charles R Costa
CHARLES R. COSTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05
Date

Date

Daytime Phone #