


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90428 021 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent QUEEN, SUSAN M. 300 AVENUE OF CHAMPIONS PALM BCH. GARDENS, FL 33418				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELONGA, JAMES		NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		CITY - ST - ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, JACK		NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		CITY - ST - ZIP		
TITLE	STD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELDMESSER, MARK		NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY - ST - ZIP	PALM BCH. GARDENS, FL 33418		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AVAKIAN, SHIRLEY		NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYK, ANTHONY		NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY - ST - ZIP	PALM BCH GARDENS, FL 33418		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLSON, RICHARD		NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY - ST - ZIP	PALM BCH GARDENS, FL 33418		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/24/07 Daytime Phone #: 561 373-2493		