2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012278

FILED Apr 25, 2008 Secretary of State

Entity Name: VILLAGES OF BURNETT PARK COMMUNITY ASSOCIATION, INC.

Current Principal Pla	New Prince	New Principal Place of Business:				
3009 S. ORANGE AVI ORLANDO, FL 32809		5955 TG LEE BLVD. SUITE 300 ORLANDO, FL 328224457				
Current Mailing Add	New Mail	New Mailing Address:				
5955 TG LEE BLVD. S ORLANDO, FL 32822						
FEI Number: 20-3935168	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status	s Desired ()	
Name and Address o	Name and	Name and Address of New Registered Agent:				
LELAND MANAGEME 8009 S. ORANGE AVI DRLANDO, FL 32809	5955 TG L	LELAND MANAGEMENT. INC. 5955 TG LEE BLVD. SUITE 300 ORLANDO, FL 328224457 US				
The above named ent n the State of Florida.	ity submits this statement for the pu	urpose of changing	its registered o	office or registered	agent, or both,	
SIGNATURE:			04/25/2008			
Electronic Signature of Registered Agent				Date	_	
OFFICERS AND DIR	ECTORS:	ADDITIO	NS/CHANGES	TO OFFICERS A	ND DIRECTORS:	
Fitle: D Name: OLIVER, SC Address: 10842 BIRC Dity-St-Zip: JACKSONV Fitle: D Name: PALMER, E Address: 3827 NONIE	E WAY ILLE, FL 32257 () Delete DMONE CHARD LANE ILLE, FL 32257 () Delete LLIE	Title: Name: Address: City-St-Zip:	SD (X OLIVER, SOMO 10842 BIRCHA JACKSONVILL TD (X PALMER, ELLI 3827 NONIE W JACKSONVILL VPD (MILLER, MARK 10818 BIRCHA JACKSONVILL	RD LANE E, FL 32257) Change () Addition E /AY E, FL 32257) Change (X) Addition (RD LANE E, FL 32257) Change (X) Addition		
vame: Address: City-St-Zip:		Name: Address: City-St-Zip:	GUIMOND, GE 10834 BIRCHA JACKSONVILL	RD LANE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK HARTLEY PD 04/25/2008