

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03228

Entity Name: BURNT STORE VILLAGE PROPERTY OWNER'S ASSOCIATION, INC.**FILED**
Jan 13, 2015
Secretary of State
CC4284275033**Current Principal Place of Business:**1107 WEST MARION AVENUE
SUITE 115
PUNTA GORDA, FL 33950**Current Mailing Address:**P.O. BOX 512126
PUNTA GORDA, FL 33951-2126 US**FEI Number: 59-2441365****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**OAKS, DAVID K
407 EAST MARION AVENUE
SUITE 101
PUNTA GORDA, FL 33950 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DIRECTOR
Name ROBERT, MERCIER
Address 25735 PRADA DRIVE
City-State-Zip: PUNTA GORDA FL 33955Title PRESIDENT
Name SARVER, HAROLD
Address 25232 DOREDO DR
City-State-Zip: PUNTA GORDA FL 33955Title TREASURER
Name SERVIS, DAVID
Address 16091 MINORCA DRIVE
City-State-Zip: PUNTA GORDA FL 33955Title DIRECTOR
Name MCCALLISTER, SHAWN
Address 25388 ESTRADA CIRCLE
City-State-Zip: PUNTA GORDA FL 33955Title DIRECTOR
Name DLUGOSZ, JOSEPH
Address 25895 PRADA DRIVE
City-State-Zip: PUNTA GORDA FL 33955Title VP
Name HORVATH, GERALD
Address 25174 DOREDO DRIVE
City-State-Zip: PUNTA GORDA FL 33955Title DIRECTOR
Name MILLER, JOANNE
Address 16085 JAUREZ CIRCLE
City-State-Zip: PUNTA GORDA FL 33955

I hereby 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 all other like empowered.

SIGNATURE: HAROLD SARVER**PRESIDENT****01/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date