

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007861

**Entity Name:** VILLAS OF BURNT STORE ISLES I, INC.**Current Principal Place of Business:**1532 RIO DE JANEIRO AVE.  
PUNTA GORDA, FL 33983**Current Mailing Address:**PO BOX 380758  
MURDOCK, FL 33938**FEI Number:** 20-1984327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE GATEWAY GROUP  
1532 RIO DE JANEIRO AVE.  
PUNTA GORDA, FL 33983 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	PD
Name	COUNSIL, CHARLES
Address	PO BOX 380758
City-State-Zip:	MURDOCK FL 33938

Title	VPD
Name	SAUNDERS, DEBBIE
Address	PO BOX 380758
City-State-Zip:	MURDOCK FL 33938

Title	STD
Name	MURPHY, TOM
Address	PO BOX 380758
City-State-Zip:	MURDOCK FL 33938

Title	D
Name	LETTERI, MARY
Address	PO BOX 380758
City-State-Zip:	MURDOCK FL 33938

Title	D
Name	HOFMANN, FRED JR.
Address	PO BOX 380758
City-State-Zip:	MURDOCK FL 33938

*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:** CHARLES COUNSIL

PRESIDENT

03/17/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date