

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N04000007861

Entity Name: VILLAS OF BURNT STORE ISLES I, INC.

Current Principal Place of Business:

C/O SW GATEWAY, INC
1532 RIO DE JANEIRO
PUNTA GORDA, FL 33983

Current Mailing Address:

PO BOX 495840
PORT CHARLOTTE, FL 33949 US

FEI Number: 20-1984327

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SW GATEWAY, INC
1532 RIO DE JANEIRO
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: KRISTINE WISHARD

08/16/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name CLARK, PHOEBE
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title VP, DIRECTOR
Name GINNIE, FRANK
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title SECRETARY, TREASURER,
DIRECTOR
Name PADGETT, STEVEN
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title MANAGER
Name WISHARD, KRISTINE
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR
Name RANGER, MICHAEL
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR
Name HOFMANN, GENE ANN
Address PO BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

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: KRISTINE WISHARD

MANAGER

08/16/2022

Electronic Signature of Signing Officer/Director Detail

Date