

2023 FLORIDA NOT FOR PROFIT CORPORATION 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

02/09/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title SECRETARY, TREASURER,
DIRECTOR
Name CLARK, PHOEBE
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 BEAUPRE, PETER
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

02/09/2023

Electronic Signature of Signing Officer/Director Detail

Date