



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90015 020 ****61.25

DOCUMENT # 704318			
1. Entity Name BURTON POINT INC			
Principal Place of Business 535 HENDRICKS ISLE FT LAUDERDALE, FL 33301		Mailing Address PO BOX 24627 FORT LAUDERDALE, FL 33302	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VMC REALTY 2132 E OAKLAND PARK 2ND FLOOR FORT LAUDERDALE, FL 33306		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	Sec, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABESTA, MICHAEL	NAME	Rakasa, michael
STREET ADDRESS	535 HENDRICKS ISLE	STREET ADDRESS	535 Hendricks Isle, #307
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	CITY-ST-ZIP	ft laud fl 33301
TITLE	PD <input type="checkbox"/> Delete	TITLE	Tres, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAVAH, BARBARA	NAME	Holm, Tom
STREET ADDRESS	535 HENDRICKS ISLE	STREET ADDRESS	535 Hendricks Isle #209
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP	ft laud fl 33301
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Sec, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAVARRO, PATTY	NAME	Kereshian, mile
STREET ADDRESS	535 HEIDRICKS ISLE	STREET ADDRESS	535 Hendricks Isle, #206
CITY-ST-ZIP	FORT LAUDERDALE, FL 333019	CITY-ST-ZIP	ft laud fl 33301
TITLE	TD <input type="checkbox"/> Delete	TITLE	SP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSOLEIS, JACKIE	NAME	marsoleis, Jackie
STREET ADDRESS	535 HENDRICKS ISLE	STREET ADDRESS	535 Hendricks Isle #306
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	CITY-ST-ZIP	ft laud fl 33301
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	
NAME	LANBRY, ANN	NAME	
STREET ADDRESS	535 HENDRICKS ISLE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 3/30/05 Daytime Phone #: 954/5661661	