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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753030

1. Corporation Name

VILLAS OF BURWICK AND THURSTON HOMEOWNERS ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
300 AVENUE OF CHAMPIONS PALM BEACH GARDENS FL 33418 US	300 AVNUE OF CHAMPIONS PALM BEACH GARDENS FL 33418 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/20/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2063593 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

QUEEN, SUSAN M.
300 AVENUE OF CHAMPIONS
PALM BEACH GARDENS 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD White, Joseph	☒ Change ☐ Addition
NAME	MILLER, GEORGE		1.2 NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD Bradlieb, Bevan	☒ Change ☐ Addition
NAME	ZAMBERLETTI, PAT		2.2 NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D Antill, Ronald	☒ Change ☐ Addition
NAME	SMITH, HOWARD		3.2 NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D Stephen, Seefried	☒ Change ☐ Addition
NAME	CAROLYNE, PEGGY		4.2 NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GDN FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	S/T Zamberletti, Pat	☒ Change ☐ Addition
NAME	ANDREWS, BETTY		5.2 NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Joseph E White 5/11/99 5617765870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)