2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State
03-20-2008 90030 005 ****70.00

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1. Entity Name
VILLAS OF BURWICK AND THURSTON HOMEOWNERS ASSOCIATION, INC.

5000037

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

03052008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2063593
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ODDO, TOM
STREET ADDRESS	300 AVENUEOF CHAMPIONS
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	MOORE, LISA
STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	ST
NAME	BELL, NELOISE
STREET ADDRESS	300 AVENUE OF CHAMPIONS
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	REYNOLD, BOB
STREET ADDRESS	300 AVE OF CHAMPION
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	P
NAME	TALIAFERRO, LYNN
STREET ADDRESS	300 AVE OF CHAMPION
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Neloise Bell 3-17-08 561/627-0346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #