

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753030

FILED  
Feb 12, 2010  
Secretary of State

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

**Current Principal Place of Business:**

300 AVENUE OF CHAMPIONS  
#120  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

63 BALFOUR ROAD E  
PALM BEACH GARDENS, FL 33418 US

**Current Mailing Address:**

300 AVNUE OF CHAMPIONS  
#120  
PALM BEACH GARDENS, FL 33418 US

**New Mailing Address:**

63 BALFOUR ROAD E  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 59-2063593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MANAGEMENT CORP.  
11784 WEST SAMPLE ROAD  
#103  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

BELL, NELOISE MGR  
63 BALFOUR ROAD EAST  
PALM BEACH GARDENS, FL 33418 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: NELOISE BELL

02/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ODDO, TOM  
Address: 18 TOURNAMENT BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D  
Name: MOORE, LISA  
Address: 53 BALFOUR ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: STD  
Name: PINSON, SANDRA D  
Address: 12 TOURNAMENT BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPD  
Name: REYNOLDS, ROBERT  
Address: 55 BALFOUR ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D  
Name: GEFVERT, CYNTHIA  
Address: 26 BALFOUR ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: TOM ODDO

P/D

02/12/2010

Electronic Signature of Signing Officer or Director

Date