## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

## Mar 31, 2004 8:00 am DOCUMENT # F03000002578 **Secretary of State** 1. Entity Name 03-31-2004 90045 042 \*\*\*\*61.25 BURTONWOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 4819 LANNIE ROAD 4819 LANNIE ROAD JACKSONVILLE FL 32218-1148 JACKSONVILLE FL 32218-1148 2. Principal Place of Business 3. Mailing Address 3236 STONEBRIDGE 3236STONEBRIDGE TRL CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 74-2573411 "A L R i Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33<u>594</u> US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES SHIFFLETT, CARL L Street Address (P.O. Box Number is Not Acceptable) **4819 LANNIE ROAD** 236 STANEBRIDGE TRAI JACKSONVILLE FL 32218-1148 Zip Code ALRICO 33*594 925*1 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUEL, JAMES M NAME NAME 302 E. PEACH ORCHARD AVE. STREET ADDRESS STREET ADDRESS **DAYTON OH 45419-2644** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KONLEY, DONALD NAME NAME 6619 PARKSIDE DRIVE STREET ADDRESS STREET ADDRESS TINLEY PARK IL 60477-2849 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SINGER, NORMA" NAME NAME 229 H WHITESTOWN VILLAGE STREET ADDRESS STREET ADDRESS BULTER PA 16001-6663 CITY-ST-ZIP CITY-ST-ZIP TAMES R. BENTLEY TRAIL Delete **Change** TITLE TITLE ☐ Addition SHIFFLETT, CARL L NAME NAME 4819 LANNIE ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32218-1148 CITY-ST-7IE CITY-ST-7IP VALRICO.FL 33594-925 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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.

FICER OR DIRECTOR

FILED