

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90019 023 ****61.25

DOCUMENT # N00227

1. Entity Name

FAIRWAYS AT BURNT STORE ASSOCIATION, INC.



Principal Place of Business

3919 SAN ROCCO DRIVE
UNIT 33A
PUNTA GORDA FL 33950
US

Mailing Address

3919 SAN ROCCO DRIVE
UNIT 33A
PUNTA GORDA FL 33950
US

2. Principal Place of Business

3919 SAN ROCCO Drive
Suite, Apt. #, etc.
UNIT 33 B

3. Mailing Address

3919 SAN ROCCO Drive
Suite, Apt. #, etc.
UNIT 33 B

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33950

Country

US

Zip

33950

Country

US

6. Name and Address of Current Registered Agent

TREUTHART, GEORGE
3919 SAN ROCCO DRIVE
SUITE 33A
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

Dr. Ernest Berrisford

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

3919 SAN ROCCO Drive

Suite 33 B

City

Punta Gorda

FL

Zip Code

33950

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

Dr. Ernest Berrisford

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 7, 2005

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TREUTHART, GEORGE	
STREET ADDRESS	3919 SAN ROCCO DR #33A	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALL, JAMES J	
STREET ADDRESS	3919 SAN ROCCO 34-A	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAMILTON, ANNITA	
STREET ADDRESS	3919 SAN ROCCO 31A	
CITY-ST-ZIP	3919 SAN ROCCO 33A	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SANDERS, JR, JAMES	
STREET ADDRESS	3930 ST KITTS CT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHREIER, PASCAL	
STREET ADDRESS	21245 COACHMAN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, ERNEST	
STREET ADDRESS	839 PHEASANT RUN	
CITY-ST-ZIP	WEST CHESTER PA 19382	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Berrisford, Dr Ernest	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berrisford, Dr Ernest	
STREET ADDRESS	3919 SAN ROCCO DR #33 B	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Dr Ernest Berrisford* **Dr Ernest Berrisford** April 7, 2005 941-276-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #