


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N00227	
1. Entity Name FAIRWAYS AT BURNT STORE ASSOCIATION, INC.	

Principal Place of Business 3919 SAN ROCCO DRIVE UNIT 33B PUNTA GORDA, FL 33950 US	Mailing Address 3919 SAN ROCCO DRIVE UNIT 33B PUNTA GORDA, FL 33950 US
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2519465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TREUTHART, GEORGE 3919 SAN ROCCO DRIVE B PUNTA GORDA, FL 33950
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IN THIS SPACE**

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) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000569442 07/11/06-80025-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERRISFORD, ERNEST DR 3919 SAN ROCCO DR #33B PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALL, JAMES J 3919 SAN ROCCO 34-A PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMILTON, ANNITA 3919 SAN ROCCO 31A 3919 SAN ROCCO 33A,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SANDERS, JR, JAMES 3930 ST KITTS CT PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHREIER, PASCAL 21245 COACHMAN AVE. PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, ERNEST 839 PHEASANT RUN WEST CHESTER, PA 19382

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IN THIS SPACE**

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: *Ernest Berrisford* **7-5-06 9416398076**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #