

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90013 012 ****61.25

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**

40000665



DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2EQ37 (4/06)

4. FEI Number
59-2519465

Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERRISFORD, ERNEST DR
3919 SAN ROCCO DRIVE
APT 33-B
PUNTA GORDA, FL 33950**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

January 4, 2008

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERRISFORD, ERNEST DR
STREET ADDRESS	3919 SAN ROCCO DR #33B
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	ST
NAME	HAMILTON, ANNITA ANITA
STREET ADDRESS	3919 SAN ROCCO 31A
CITY-ST-ZIP	3919 SAN ROCCO 33A
TITLE	CD
NAME	SANDERS, JR, JAMES
STREET ADDRESS	3930 ST KITTS CT
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D
NAME	SCHREIER, PASCAL
STREET ADDRESS	21245 COACHMAN AVE.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	PETERS, ERNEST
STREET ADDRESS	839 PHEASANT RUN
CITY-ST-ZIP	WEST CHESTER, PA 19382
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ernest Berisford*