

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90017 003 \*\*\*\*61.25

<b>DOCUMENT # N02000007502</b> 1. Entity Name <b>BURNS SQUARE ASSOCIATION, INC.</b>					
Principal Place of Business <b>1530 CROSS ST SARASOTA, FL 34236</b>			Mailing Address <b>1530 CROSS ST SARASOTA, FL 34236</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>14-1850506</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KOACH, KRAIG H 1530 CROSS ST SARASOTA, FL 34236</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete			
NAME	WATROUS, BILL				
STREET ADDRESS	739 S. ORANGE AVE				
CITY-ST-ZIP	SARASOTA, FL 34236				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	RACE, BILL				
STREET ADDRESS	1520 RINGLING BLVD				
CITY-ST-ZIP	SARASOTA, FL 34236				
TITLE	SD	<input checked="" type="checkbox"/> Delete			
NAME	ALBIEZ, JENS				
STREET ADDRESS	606 S. PINEAPPLE AVENUE				
CITY-ST-ZIP	SARASOTA, FL 34236				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	VINALES, JACK				
STREET ADDRESS	539 S. PINEAPPLE AVE				
CITY-ST-ZIP	SARASOTA, FL 34236				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Albiez, Jens				
STREET ADDRESS	606 S. Pineapple Avenue				
CITY-ST-ZIP	Sarasota, FL 34236				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Hatfield, Elizabeth				
STREET ADDRESS	407 S. Pineapple Avenue				
CITY-ST-ZIP	Sarasota, FL 34236				
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.					
<b>SIGNATURE:</b> <i>Jack Vinales</i> <b>Jack Vinales</b> <b>February 14, 2005</b> <b>(941)957-0002</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					