


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90019 015 \*\*\*\*61.25

<b>DOCUMENT # N03230</b>					
1. Entity Name <b>BURNT STORE MEADOWS PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR ROAD UNIT 2 PUNTA GORDA, FL 33950</b>			Mailing Address <b>P.O. BOX 512125 PUNTA GORDA, FL 33951</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2441505</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR ROAD UNIT 2 PUNTA GORDA, FL 33950</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBARO, PETER</b>			NAME	
STREET ADDRESS	<b>7335 N SEAGRAPE RD</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>			CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEETS, CARSON</b>			NAME	
STREET ADDRESS	<b>7500 PASPALUM CT</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEDERICI, MAIKE</b>			NAME	
STREET ADDRESS	<b>7518 PASPLUM CT</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIGURDSON, ROBYN</b>			NAME	
STREET ADDRESS	<b>218 YELLOW ELDER</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEMIER, JOSEPH</b>			NAME	
STREET ADDRESS	<b>7160 N BLUE SAGE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIRANDA, JULIO J</b>			NAME	
STREET ADDRESS	<b>575 ROYAL POINCIANA</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>			CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> <u>Pete Barbaro</u>				Date: <u>1-29-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

4001900-



01222008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

**Make check payable to Florida Department of State**

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**SIGNATURE:** Pete Barbaro Date: 1-29-08

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