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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N03232

1. Corporation Name

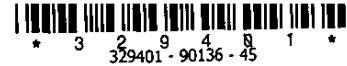
BURNT STORE LAKES PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

1625 W. MARION AVENUE
 PUNTA GORDA FL 33950

Mailing Address

PO BOX 512124
 PUNTA GORDA FL 33951-2124
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

05/22/1984

4. FEI Number

59-2441356

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LORAH, GEOGGREY L
 1625 W MARION AVENUE , SUITE 6
 PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name Lorah, Geoffrey L

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Geoffrey L. Lorah

GEOFFREY L. LORAH, CPA

4-5-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD DELETE
 NAME THEISEN, ALLEN
 STREET ADDRESS 17171 SPICE LN
 CITY-ST-ZIP PUNTA GORDA FL

TITLE D DELETE
 NAME MILNER, MARVIN E
 STREET ADDRESS 24319 SAN CIPRIAN ROAD
 CITY-ST-ZIP PUNTA GORDA FL

TITLE PD DELETE
 NAME URTZ, PETER S
 STREET ADDRESS 24339 MATIAS LANE
 CITY-ST-ZIP PUNTA GORDA FL

TITLE D DELETE
 NAME REILLY, JAMES
 STREET ADDRESS 16625 ACAPULCO RD
 CITY-ST-ZIP PUNTA GORDA FL

TITLE SD DELETE
 NAME WELLER, JOANNE
 STREET ADDRESS 17127 CAPE HORN BLVD.
 CITY-ST-ZIP PUNTA GORDA FL

TITLE VD DELETE
 NAME MARTINEK, DONALD
 STREET ADDRESS 16361 RABAT WAY
 CITY-ST-ZIP PUNTA GORDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE VD Change Addition
 2.2 NAME McGuire, Robert
 2.3 STREET ADDRESS 24102 Santa Inez Rd.
 2.4 CITY-ST-ZIP Punta Gorda, FL 33955-4460

3.1 TITLE D Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE TD Change Addition
 6.2 NAME Dietter, Jack
 6.3 STREET ADDRESS 24274 Toth Ln.
 6.4 CITY-ST-ZIP Punta Gorda, FL 33955

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack Dietter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

941-505-8533

Daytime Phone #

CR2E037 (1/98)