2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000006853

Entity Name: BURNS COURT VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

595 BAY ISLES RD.
SUITE 200
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

595 BAY ISLES RD.
SUITE 200
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 20-1402384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES RD.
SUITE 200
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALLACK, ALAN
Address: 1505 OAK ST., #20
City-St-Zip: SARASOTA, FL 34236

Title: T ( ) Delete
Name: NEVILLE, FRAN
Address: 5515 S. PALM AVE., #23
City-St-Zip: SARASOTA, FL 34236

Title: S ( ) Delete
Name: NIEBISCH, PAUL
Address: 1517 OAK ST., #17
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MILLER, MARK
Address: 1535 SELBY LANE, #5
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN WALLACK P 04/14/2009

Electronic Signature of Signing Officer or Director — Date