

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90072 024 \*\*\*\*61.25

**DOCUMENT # N05000000698**

1. Entity Name  
NEWBURN VILLAGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business  
101 ARTHUR ANDERSON BLVD  
SUITE 150  
SARASOTA, FL 34232 US

Mailing Address  
C/O SUNVAST MANAGEMENT  
381 TINTERSTATE BLVD.  
SARASOTA, FL 34240 US

20008153



02162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3344247

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SCHLOSSER, RICHARD A.  
500 E KENNEDY BLVD., STE. 200  
TAMPA, FL 33602

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SHANON MIKE Johnson, Troy 1379 Daryl Dr.  
STREET ADDRESS 101 ARTHUR ANDERSON BLVD #150 Sarasota, FL  
CITY-ST-ZIP SARASOTA FL 34232

TITLE VD  
NAME WIDEMAN MIKE Corrigan, John 1342 Daryl Dr.  
STREET ADDRESS 101 ARTHUR ANDERSON BLVD #150 Sarasota, FL  
CITY-ST-ZIP SARASOTA FL 34232

TITLE TD  
NAME Linenger Jeff  
STREET ADDRESS 1445 Daryl Drive  
CITY-ST-ZIP Sarasota, FL 34232

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 517, 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Linenger 3-26-07

Date

Daytime Phone #

343-0146