


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State


05-05-2008 90255 010 ****61.25

DOCUMENT # N05000000698 1. Entity Name NEWBURN VILLAGE COMMUNITY ASSOCIATION, INC.	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10000



04232008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3344247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD JOHNSON, TROY <input checked="" type="checkbox"/> Delete
NAME	1379 DARYL DR
STREET ADDRESS	SARASOTA, FL 34232
CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	CORRIGAN, JOHN
STREET ADDRESS	1342 DARYL DR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	TD <input type="checkbox"/> Delete
NAME	LINENJER, JEFF
STREET ADDRESS	1445 DARYL DRIVE
CITY-ST-ZIP	SARASOTA, FL 34232
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	SD <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Frank Giasone
CITY-ST-ZIP	1450 DARYL DR SARASOTA FL 34232
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST. MIKE RASSEL
STREET ADDRESS	1444
CITY-ST-ZIP	SARASOTA FL 34230
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 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.

Handwritten Signature: Heidi Wolfson, CAH Agent