

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005772

FILED
Mar 27, 2006
Secretary of State

Entity Name: ESPLANADE AT BURNT STORE MARINA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

24417 BALTIC AVENUE UNIT 202
PUNTA GORDA, FL 33955

New Principal Place of Business:

Current Mailing Address:

24417 BALTIC AVENUE UNIT 202
PUNTA GORDA, FL 33955

New Mailing Address:

C/O BENSONS, INC
12650 WHITEHALL DR
FORT MYERS, FL 33907

FEI Number: 20-2955249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&A AGENTS, INC.
ATTN: MICHAEL S YASHKO
2320 FIRST STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

BENSON, MARK R
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

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: MARK R BENSON

03/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANKERS, GUS
Address: 24417 BALTIC AVENUE UNIT 202
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: FRANSEN, VICTOR R
Address: 24417 BALTIC AVENUE UNIT 202
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: JENNINGS, RYAN
Address: 24417 BALTIC AVENUE UNIT 202
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GUS SANKERS

DIR

03/27/2006

Electronic Signature of Signing Officer or Director

Date