## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N05000005772



Apr 06, 2007 8:00 am Secretary of State 04-06-2007 90036 040 \*\*\*\*61.25

**FILED** 

	e ADE AT BURNT STORE MA TION, INC.	ARINA CONDOMINIL	M						
	e of Business IC AVENUE UNIT 202 IA, FL 33955	Mailing Address C/O BENSONS, INC 12650 WHITEHALL DR FORT MYERS, FL 33907			40052035				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02272007 Chg-N	IP (	CR2E037 (12/06)	
City & State	9	City & State				4. FEI Number 20-2955249		1 →	pplied For lot Applicable
Zip	Country	Zip	Cou	intry		5. Certificate of Status	Desired	S8.75 Ad	Iditional
	6. Name and Address of Current	Registered Agent				7. Name and Address	of New Regi	stered Agent	
BENSON, MARK R 12650 WHITEHALL DR FORT MYERS, FL 33907				Name Vandall, Bonita D  Street Address (P.O. Box Number is Not Acceptable)  12650 Whitehall Dr.  City Fort Myers, FL Zip Code 907					
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent	e P	BON	MA	D- `		State of Florid	a. I am familiar with	_
	Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C				\$5.00 May Be Added to Fees		e check payable Department of S	
10.	OFFICERS AND DI	RECTORS	11.		/	ADDITIONS/CHANGES T	O OFFICERS	AND DIRECTORS I	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANKERS, GUS 24417 BALTIC AVENUE UNIT 20 PUNTA GORDA, FL 33955	☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANSEN, VICTOR R 24417 BALTIC AVENUE UNIT 20 PUNTA GORDA, FL 33955	Delete Delete		1	24	Ance Saws 1417 Baltie Hu Gorda	AueUw		☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, RYAN 24417 BALTIC AVENUE UNIT 20 PUNTA GORDA, FL 33955	Delete		1		Man Metin 4399 BRAIC WTA Garda			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	Addition
12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp	this filing does not qualify for strue and accurate and that no owered to execute this report	r the exe ny signa as requi	emptions co ture shall ha ired by Cha	ontained ave the s pter 617	in Chapter 119, Florida same legal effect as if ma , Florida Statutes; and the	Statutes, I furt de under oatt at my name a	ther certify that the h; that I am an office ppears in Block 10	information er or director or Block 11 if

SIGNATURE: