2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2008 8:00 am

					Secretary of State			
DOCUMENT # N05000005772 1. Entity Name : ESPLANADE AT BURNT STORE MARINA CONDOMINIUM ASSOCIATION, INC.						-19-2008 90023 04		
Principal Place of Business 24417 BALTIC AVENUE UNIT 202 PUNTA GORDA, FL 33955 Address C/O BENSONS, INC 12650 WHITEHALL DR FORT MYERS, FL 33907					1 1842 1181 1181 1881 18	ONII OTIII BOIII OTIIK BOIK BOKA		
2. Principal F	Place of Business - No P.O. Box # 3.	Mailing Address	ing Address					
Suite, Apt. #, etc. Suit		Suite, Apt. #, etc.	te, Apt. #, etc.		01282008 CI	ng-NP CR2E0	37 (12/06)	
City & State City		City & State	& State		4. FEI Number Applied For 20-2955249 Not Applicable			
Zip	Zip Country Zip		Country		_5. Certificate of Status Desired \$8.75_Additional Fee Required			
	6. Name and Address of Current Regi	stered Agent			7. Name and Add	ress of New Registered	Agent	
		otorou Agent	Name		T. Nome and Add	1035 Of Hew Registered	V. Agente	
VANDALL, BONITA D 12650 WHITEHALL DR FORT MYERS, FL 33907				Street Address (P.O. Box Number is Not Acceptable)				
TOKT WITH	ENO, FE 33307							
			City	FL Zip Code				
	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and title		registered office of			the State of Florida. I am	lamiliar with,	and accept
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can	9. Election Campaign Financing Trust Fund Contribution.				k payable t	
10.	OFFICERS AND DIRECT	ORS	11.		ADDITIONS/CHANG	I ES TO OFFICERS AND D	IRECTORS IN	1 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANKERS, GUS 24417 BALTIC AVENUE UNIT 202 PUNTA GORDA, FL 33955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANCE, SANDRE 24417 BALTIC AVENUE UNIT 202 PUNTA GORDA, FL 33955	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
- TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- MCGIMMS, WILLIAM 24399 BALTIC AVE UNIT #101 PUNTA GORDA, FL 33955	— Delate	. TITLE NAME STREET ADDRESS CATY-ST-ZIP		,	. i.	Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
							☐ Change	

12. I hereby certify that the information supplied with this liting 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 empowers 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:X

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Change

Addition