2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005772

FILED Apr 16, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

24417 BALTIC AVENUE UNIT 202 PUNTA GORDA, FL 33955

Current Mailing Address: 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: Name and Address of New Registered Agent:

VANDALL, BONITA D 12650 WHITEHALL DR US FORT MYERS, FL 33907

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SANKERS, GUS SANKERS, GUS Name: Name:

24417 BALTIC AVENUE UNIT 202 Address: 24417 BALTIC AVENUE UNIT 202 Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: PUNTA GORDA, FL 33955

Title: () Delete Title: (X) Change () Addition

Name: PLANCE, SANDRE Name: MCGINNIS, WILLIAM

Address: 24417 BALTIC AVENUE UNIT 202 Address: 24319 BALTIC AVENUE UNIT 101 City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: PUNTA GORDA, FL 33955

Title: () Delete Title: (X) Change () Addition

MCGIMMS, WILLIAM Name: NUCKOLS, ROBERT Name: 24399 BALTIC AVE UNIT #101 24351 BALTIC AVE UNIT #201 Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: PUNTA GORDA, FL 33955

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM MCGINNIS **PRES** 04/16/2009