

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000008143

FILED
Jan 16, 2009
Secretary of State

Entity Name: BURNS SQUARE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

535 S PINEAPPLE AVENUE
SARASOTA, FL 34236

New Principal Place of Business:

540 S ORANGE AVENUE
SARASOTA, FL 34236

Current Mailing Address:

535 S PINEAPPLE AVENUE
SARASOTA, FL 34236

New Mailing Address:

540 S ORANGE AVENUE
SARASOTA, FL 34236

FEI Number: 83-0436917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMBROUGH & KOACH, LLP
1530 CROSS STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: KRAIG KOACH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOWAL, DENISE C
Address: 535 S PINEAPPLE AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: BURKE, CHERYL
Address: 527 S PINEAPPLE AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: ROSENBLUM, HARRY
Address: 530 S. ORANGE AVE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: KALTSAS, HARVEY
Address: 1630 MORRILL STREET
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Delete
Name: HAZARD, NOEL
Address: 330 S PINEAPPLE AVENUE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HOCHSTEAD, ALBERT
Address: 445 SOUTH ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change () Addition
Name: KOWAL, AUSTIN
Address: 540 SOUTH ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236

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

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: DENISE KOWAL

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date