2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N05000012278

Entity Name: VILLAGES OF BURNETT PARK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5955 TG LEE BLVD. SUITE 300
ORLANDO, FL 328224457

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

Current Mailing Address:

5955 TG LEE BLVD. SUITE 300
ORLANDO, FL 328224457

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

FEI Number: 20-3935168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LELAND MANAGEMENT. INC.
5955 TG LEE BLVD. SUITE 300
ORLANDO, FL 328224457 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT. INC.
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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: _____ 04/22/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARTLEY, MARK
Address: 3820 NONIE WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD ( ) Delete
Name: OLIVER, SOMONE
Address: 10842 BIRCHARD LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD ( ) Delete
Name: PALMER, ELLIE
Address: 3827 NONIE WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD (X) Delete
Name: MILLER, MARK
Address: 10818 BIRCHARD LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Delete
Name: GUIMOND, GEORGE
Address: 10834 BIRCHARD LANE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILLER, MARK
Address: 10818 BIRCHARD LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD (X) Change ( ) Addition
Name: GUIMOND, GEORGE
Address: 10834 BIRCHARD LANE
City-St-Zip: JACKSONVILLE, FL 32257

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 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: MARK MILLER PD 04/22/2009
Electronic Signature of Signing Officer or Director — Date