

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N08494 (9)**

1. Corporation Name

**BURNT STORE COUNTRY CLUB, INC.**



Principal Place of Business <b>301 MADRID BLVD PUNTA GORDA FL 33950</b>	Mailing Address <b>301 MADRID BLVD PUNTA GORDA FL 33950</b>
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3. Date Incorporated or Qualified <b>04/02/1985</b>	3a. Date of Last Report <b>05/24/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number <b>59-2542237</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**ROONEY, J MICHAEL  
306 E. OLYMPIA AVENUE  
PUNTA GORDA FL 33950**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	11 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNDERSON, GLEN	12 NAME	Crassweller, James
STREET ADDRESS	430 VALLETA CT	13 STREET ADDRESS	751 Monaco Drive
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	Punta Gorda, FL
TITLE	PD <input checked="" type="checkbox"/> DELETE	21 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCH, RONALD	22 NAME	Jacobsen, Robert
STREET ADDRESS	3506 ST FLORENT CT	23 STREET ADDRESS	2160 Charlotte Amalie Ct
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP	Punta Gorda, FL
TITLE	T <input checked="" type="checkbox"/> DELETE	31 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBSON, ROBERT F	32 NAME	Williamson, Leonard
STREET ADDRESS	2160 CHARLOTTE AMALIE CT	33 STREET ADDRESS	517 Toulouse Drive
CITY-ST-ZIP	PUNTA GORDA FL	34 CITY-ST-ZIP	Punta Gorda, FL
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABITZKE, BETTY	42 NAME	
STREET ADDRESS	524 LACARUNA CT	43 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	44 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	51 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLDER, BENJAMIN	52 NAME	Knox, Dave
STREET ADDRESS	224 MADRID BLVD	53 STREET ADDRESS	4061 King Tarpon Drive
CITY-ST-ZIP	PUNTA GORDA FL	54 CITY-ST-ZIP	Punta Gorda, FL
TITLE	CD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, NORMA	62 NAME	
STREET ADDRESS	3950 SAN PIETRO CT	63 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Robert F. Jacobsen* **ROBERT F. JACOBSEN** 2/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)