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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08494

1. Corporation Name

BURNT STORE COUNTRY CLUB, INC.

Principal Place of Business

301 MADRID BLVD
PUNTA GORDA FL 33950

Mailing Address

301 MADRID BLVD
PUNTA GORDA FL 33950



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/02/1985

4. FEI Number

59-2542237

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

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
Campion, William
82 Street Address (P.O. Box Number is Not Acceptable)
507 Monaco Dr.
83
84 City
Punta Gorda FL 85 Zip Code
33950

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

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

William Campion, President

3/10/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORD, JAMES	
STREET ADDRESS	1222 PARTRIDGE DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MAC MARTIN, WILLIAM	
STREET ADDRESS	430 MONACO DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JUNE, RUSSELL	
STREET ADDRESS	313 SEGOVIA DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, HAL	
STREET ADDRESS	24283 BALARIC LANE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPION, ROBERT	
STREET ADDRESS	507 MONACO DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	FCD	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, ROBERT	
STREET ADDRESS	3812 AVES ISLAND CT.	
CITY-ST-ZIP	PUNTA GORDA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Campion, William	
1.3 STREET ADDRESS	507 Monaco Dr.	
1.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Boynton, Allan	
2.3 STREET ADDRESS	612 Madrid Blvd.	
2.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Johnson, Hal	
3.3 STREET ADDRESS	24283 Balearic Lane	
3.4 CITY-ST-ZIP	Punta Gorda, FL 33955	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ferland, Roland	
4.3 STREET ADDRESS	626 Madrid Blvd.	
4.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
5.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VanHorn, David	
5.3 STREET ADDRESS	2447 St. Davids Island Ct.	
5.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
6.1 TITLE	FCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gates, Leland	
6.3 STREET ADDRESS	475 Monaco Dr.	
6.4 CITY-ST-ZIP	Punta Gorda, FL 33950	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *William Campion* **Signature and Typed or Printed Name of Signing Officer or Director** William Campion, President 3/10/99 941-637-6508 **Date** **Daytime Phone #**

CR2E037 (11/98)