

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

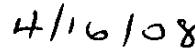
**FILED
Apr 18, 2008 8:00 am
Secretary of State**

04-18-2008 90029 040 ****61.25

DOCUMENT # N17307		
1. Entity Name BURNING TREE NEIGHBORHOOD ASSOCIATION, INC.		

Principal Place of Business CLUBHOUSE KINOLEWOOD LANE BONITA SPRINGS, FL 34134 US	Mailing Address C/O STERLING PROPERTY SERVICES 27800 OLD 41 RD BONITA SPRINGS, FL 34135 US
2. Principal Place of Business - No P.O. Box # 27180 Bay Landing Dr Suite, Apt. #, etc. 4	3. Mailing Address 27180 BAY LANDING DR Suite, Apt. #, etc. SUITE # 4
City & State Bonita Springs FL Zip 34135	City & State Bonita Springs FL Zip 34135
County	Country USA
6. Name and Address of Current Registered Agent STERLING PROPERTY SRVS 27180 BAY LANDING DR. # 4 BONITA SPRINGS, FL 34135	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MARKEY, CAROL 27120 KINDLEWOOD LN BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DORPAL, NEIL VANDEN 27075 KINDLEWOOD LN BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAVEN, JIM 27046 KINDLEWOOD LN BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATHEN, NEIL 27141 KINDLEWOOD LANE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLADORN, DEAN 27133 KINDLEWOOD LANE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date 4/14/08 Daytime Phone # 239-992-9947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR