

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 040 ****61.25

DOCUMENT # N31107

1. Entity Name

BURNT STORE ISLES BOAT CLUB, INC.



Principal Place of Business

P.O. BOX 510203
PUNTA GORDA FL 33951-0203
US

Mailing Address

P.O. BOX 510203
PUNTA GORDA FL 33951-0203
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEMING, JACK
319 SEGOVIA DR
PUNTA GORDA FL 33950

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

John Leming

JOHN LEMING

2-16-07

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: C ☐ Delete
NAME: LEMING, JACK
STREET ADDRESS: 319 SEGOVIA DR
CITY-STATE-ZIP: PUNTA GORDA FL 33950

TITLE: VC ☒ Delete
NAME: JOKERST, JOHN
STREET ADDRESS: 549 MADRID BLVD.
CITY-STATE-ZIP: PUNTA GORDA FL 33950

TITLE: D ☒ Delete
NAME: HILLEBRAND, PAUL
STREET ADDRESS: 622 BRINDISI CT
CITY-STATE-ZIP: PUNTA GORDA FL 33950

TITLE: TD ☐ Delete
NAME: BATES, JOHN
STREET ADDRESS: 3630 KASSANDRA DR
CITY-STATE-ZIP: PUNTA GORDA FL 33950

TITLE: SD ☐ Delete
NAME: LEVIS, RON
STREET ADDRESS: 3907 SAN PIETRO CT
CITY-STATE-ZIP: PUNTA GORDA FL 33950

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: VC ☒ Change ☒ Addition
NAME: TOM KASPRZAK
STREET ADDRESS: 3607 SECRETE DR
CITY-STATE-ZIP: PUNTA GORDA, FL 33950

TITLE: D ☒ Change ☒ Addition
NAME: NICK HAY
STREET ADDRESS: 353 SEGOVIA DR
CITY-STATE-ZIP: PUNTA GORDA FL 33950

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John B. Bates Treasurer JOHN B. BATES

941-637-9624