2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # N35220 1. Entity Name BURNING TREE ESTATES HOMEOWNERS' ASSOCIATION, INC.					4-08-2005 90033	006 ****6	1.25	
8613 BURNING TREE CIR.		Mailing Address 8674 BURNING TREE CIR SEMINOLE, FL 33777 US			20027895			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112005 Ct	ng-NP CR2E(037 (10/03)		
City & State		City & State		4. FEI Number NOT APPLI	CABLE	ļ 	oplied For ot Applicable	
Zip	Country: 1	Zip	Country	5Certificate of St	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current R	egistered Agent		7. Name and Add	rees of New Registered	Agent		
GRIECO, DANIEL J.			Name	Name				
19139 GULF BLVD INDIAN SHORES FL, FL 34635			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	Zip Cod	е	
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 Daried J. Grieco Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
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:	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Be		ck payable to		
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10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Camp Trust Fund Co	aign Financing ntribution.	\$5.00 May Be Added to Fees	Make che Florida Depa	artment of S	tate	
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12. 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 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.

Youer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>3/11/05</u>