

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N35220

1. Entity Name
BURNING TREE ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**8613 BURNING TREE CIR.
SEMINOLE, FL 34647 US**

Mailing Address
**8674 BURNING TREE CIR
SEMINOLE, FL 33777 US**



03012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRIECO, DANIEL J.
19139 GULF BLVD
INDIAN SHORES FL, FL 34635**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWER, SHARI 8674 BURNING TREE CIRCLE SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. LOUIS, TODD 8606 BURNING TREE CIR. SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, DARRIN 8655 BURNINGTREE CIR SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/28/06-BU050-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Shari Power - Shari Power 3/1/06 (727) 33-8707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #