

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 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



03282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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 8608 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/07-80037-003 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/07 (727)393-8707
Date Daytime Phone #