2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35220

FILED Apr 29, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

8613 BURNING TREE CIR. 8614 BURNING TREE CIR. SEMINOLE, FL 34647 SEMINOLE, FL 3777

Current Mailing Address: New Mailing Address:

8608 BURNING TREE CIR 8614 BURNING TREE CIR SEMINOLE, FL 33777 SEMINOLE, FL 33777 US

FEI Number: 42-2668708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GRIECO, DANIEL J. ELDER, THOMAS D 19139 GÜLF BLVD 8607 BÜRNING TREE CIRCLE INDIAN SHORES FL, FL 34635 US SEMINOLE, FL 33777

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.

SIGNATURE: THOMAS D. ELDER 04/29/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

SCHMIDT, WAYNE SCHMIDT, WAYNE Name: Name: Address:

8614 BURNING TREE CIRCLE Address: 8614 BURNING TREE CIRCLE City-St-Zip: SEMINOLE, FL 33777 City-St-Zip: SEMINOLE, FL 33777

(X) Change () Addition Title: () Delete Title: MR. Name: ST. LOUIS, TODD Name: ELDER, THOMAS D

Address: 8608 BURNING TREE CIR. Address: 8607 BURNING TREE CIR. City-St-Zip: SEMINOLE, FL 33777 City-St-Zip: SEMINOLE, FL 33777

Title: (X) Delete Title: () Change () Addition

ST LOUIS, DONNA Name: Name: 8608 BURNING TREE CIR Address: Address: City-St-Zip: SEMINOLE, FL 33777 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D. ELDER MR 04/29/2009