

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003021 (2)

1. Corporation Name

BURNT STORE COLONY COUNCIL OF HOMEOWNERS, INC.

Principal Place of Business

Mailing Address

15550 BURNT STORE RD
STE 33
PUNTA GORDA FL
US15550 BURNT STORE RD
STE 33
PUNTA GORDA FL 33955-9335
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRENNAN, CELINDA
15550-176 BURNT STORE RD
PUNTA GORDA FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Celinda D Brennan

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRENNAN, CELINDA	
STREET ADDRESS	15550 BURNT STORE RD #176	
CITY - ST - ZIP	PUNTA GORDA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, JACK	
STREET ADDRESS	15550 BURNT STORE RD #57	
CITY - ST - ZIP	PUNTA GORDA FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKS, GEORGE	
STREET ADDRESS	15550-77 BURNT STORE RD	
CITY - ST - ZIP	PUNTA GORDA FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, DAVID	
STREET ADDRESS	15550-127 BURNT STORE RD	
CITY - ST - ZIP	PUNTA GORDA FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZEARFOSS, JACK	
STREET ADDRESS	15550 BURNT STORE RD #440	
CITY - ST - ZIP	PUNTA GORDA FL	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D ROEHL, GLORIA
5.3 STREET ADDRESS	15550-08 BURNT STORE RD.
5.4 CITY - ST - ZIP	PUNTA GORDA, FL 33955

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Celinda D Brennan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047844

4/15/97 941-637-0576

CR2E037 (9/96)