


FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	15550 BURNT STORE RD STE 33 PUNTA GORDA FL 33955-9335 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report 03/20/1996
4. FEI Number 65-0471251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
BRENNAN, CELINDA 15550-178 BURNT STORE RD PUNTA GORDA FL	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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* *Celinda Brennan* **4/24/98** **4/15/97**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PRES	<input type="checkbox"/> DELETE
NAME D BRENNAN, CELINDA	
STREET ADDRESS 15550 BURNT STORE RD #176	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BUTLER, JACK	
STREET ADDRESS 15550 BURNT STORE RD #57	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE v.p	<input type="checkbox"/> DELETE
NAME D MARKS, GEORGE	
STREET ADDRESS 15550-77 BURNT STORE RD	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MARSHALL, DAVID	
STREET ADDRESS 15550-127 BURNT STORE RD	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME ZEARFOSS, JACK	
STREET ADDRESS 15550 BURNT STORE RD #448-	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE SEC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SHIRLEY BYRNE	
2.3 STREET ADDRESS 15550-192 BURNT STORE RD.	
2.4 CITY-ST-ZIP PUNTA GORDA, FL. 33955	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME 700002507897	
4.3 STREET ADDRESS -05/01/98--01067--013	
4.4 CITY-ST-ZIP ***61.25	
5.1 TITLE tres.	<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	
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. *Celinda Brennan*