## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000003021

FILED Apr 30, 2009 Secretary of State

Entity Name: BURNT STORE COLONY COUNCIL OF HOMEOWNERS, INC.

Current Pr	rincipal Place of	f Business:	New Principal P	New Principal Place of Business:		
	RNT STORE RD					
# 19 PUNTA GC	DRDA, FL 33955	S US				
Current Ma	ailing Address:		New Mailing Add	New Mailing Address:		
5550 BURNT STORE RD			15550 BURNT ST	15550 BURNT STORE RD		
STE 19 PUNTA GO	DRDA, FL 33955	5 US	LOT 19 PUNTA GORDA,	FL 33955 US		
		FEI Number Applied For()	FEI Number Not Applicable (			
Name and	Address of Cui	rent Registered Agent:	Name and Addre	ess of New Registered Agent:		
15550 BÚR JNIT 19 PUNTA GC	ATRICIA A RNT STORE RD DRDA, FL 33955		YOUNG, PATRIC 15550 BURNT ST LOT 19 PUNTA GORDA,	YOUNG, PATRICIA A 15550 BURNT STORE RD		
	named entity sub of Florida.	omits this statement for the pu	rpose of changing its regis	stered office or registered agent, or both,		
SIGNATURE:				04/30/2009		
Electronic Signature of Registered Agent			nt	Date		
OFFICERS	AND DIRECTO	DRS:	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip:	S () De BECKER, CHERY 15550 BURNT STO PUNTA GORDA, F	L DRE RD # 196	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Fitle: Name: Address: City-St-Zip:	PT () De YOUNG, PATRICIA 15550 BURNT STO PUNTA GORDA, F	\ DRE RD # 19	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Fitle: Name: Address: City-St-Zip:	V () De BROWN, GARY 15550 BURNT STO PUNTA GORDA, F	DRE RD UNIT 99	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Fitle: Name: Address: City-St-Zip:	D () De BROWN, LEILA 15550 BURNT STO PUNTA GORDA, F	DRE RD, # 99	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Fitle: Name: Address: City-St-Zip:	D () De SPENCER, JOHN 15550 BURNT STO PUNTA GORDA, F	DRE RD #91	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: PATRICIA YOUNG	PT	04/30/2009
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