

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90194 023 ****61.25

DOCUMENT # N98000004218

1. Entity Name
BURNT PINES SHOPPES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business *c/o CPM S* Mailing Address *c/o CPM S*
C/O BARTLEY REALTY 13131 University C/O BARTLEY REALTY 13131 University
4522 EXECUTIVE DR, STE 103 4522 EXECUTIVE DR, STE 103
NAPLES, FL 34119 US Drive Drive
Fort Myers, FL 33907 Fort Myers, FL 33907

40060100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
04-3649863

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAHIM, MAHMOUD MD
7117 PELICAN BAY BLVD APT 1508
NAPLES, FL 34108

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAHMOUD, RAHIM	
STREET ADDRESS	4885 FAIRVIEW COURT	
CITY-ST-ZIP	WEST BLOOMFIELD, MI 483224416	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAYA, HUSSAIN	
STREET ADDRESS	4855 FAIRVIEW COURT	
CITY-ST-ZIP	WEST BLOOMFIELD, MI 483224416	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARTLEY, DAVID R	
STREET ADDRESS	4522 EXECUTIVE DR, STE 103	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/07 484-3503x284