

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005923

FILED  
Apr 22, 2004  
Secretary of State

**Entity Name:** THE RETREAT AT BURNT STORE ISLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

853 VANDERBILT BEACH DRIVE  
#247  
NAPLES, FL 341088746

**New Principal Place of Business:**

**Current Mailing Address:**

853 VANDERBILT BEACH DRIVE  
#247  
NAPLES, FL 341088746

**New Mailing Address:**

**FEI Number:** 59-3470857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KULP, CHARLES A  
853 VANDERBILT BCH DR 247  
NAPLES, FL 34108 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KULP, CHARLES  
Address: 853 VAUDERBILT BCH DR  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: KULP, HELEN M  
Address: 853 VANDERBILT BCH DR  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: SHELLY, SHEILA  
Address: 13 COACHMAN DRIVE  
City-St-Zip: EGG HAVOR TOWNSHIP, NJ 08234

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES KULP

D

04/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date