

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90018 034 \*\*\*\*61.25

**DOCUMENT # N99000005923**

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



Principal Place of Business  
**853 VANDERBILT BEACH DRIVE  
#247  
NAPLES, FL 34108-8746**

Mailing Address  
**853 VANDERBILT BEACH DRIVE  
#247  
NAPLES, FL 34108-8746**



2. Principal Place of Business  
**3907 San Rocco Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**1315 Narranja St.**  
Suite, Apt. #, etc.

07082005 Chg-NP CR2E037 (10/03)

City & State  
**Punta Gorda, FL**  
Zip  
**33950** Country  
**Charlotte**

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**Punta Gorda, FL**  
Zip  
**33950** Country  
**Charlotte**

4. FEI Number  
~~59317005~~ **651108570** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**Robert G. Headrick**  
Street Address (P.O. Box Number is Not Acceptable)  
**1315 Narranja St.**  
City  
**Punta Gorda** FL Zip Code  
**33950**

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 **Robert G. Headrick, Sec-Treas.** **7-9-05**  
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 September 7, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	D KULP, CHARLES 853 VAUDERBILT BCH DR NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KULP, HELEN M 853 VANDERBILT BCH DR NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLY, SHEILA 13 COACHMAN DRIVE EGG HAVOR TOWNSHIP, NJ 08234	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Dale Perry 2004 Teaneck Circle Wixom, MI. 48393</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President William Linder 7734 Fairwood Cir. Indianapolis, IN. 46256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec-Treas. Robert G. Headrick 1315 Narranja St. Punta Gorda, FL 33950</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: **Robert G. Headrick, Treas.** **7-9-05**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #