

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049644

FILED  
Feb 01, 2011  
Secretary of State

**Entity Name:** BURNT STORE GOLF & ACTIVITY CLUB, INC.

**Current Principal Place of Business:**

24315 VINCENT AVE  
PUNTA GORDA, FL 33955

**New Principal Place of Business:**

**Current Mailing Address:**

24315 VINCENT AVE  
PUNTA GORDA, FL 33955

**New Mailing Address:**

**FEI Number:** 26-2449807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIDBURY & ASSOCIATES, LLC  
9993 SPRING GULCH LN  
PUNTA GORDA, FL 33950 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:** P  
**Name:** COX, WALTER  
**Address:** 24315 VINCENT AVE  
**City-St-Zip:** PUNTA GORDA, FL 33955

**Title:** T  
**Name:** NUCKOLS, ROBERT  
**Address:** 24315 VINCENT AVE  
**City-St-Zip:** PUNTA GORDA, FL 33955

**Title:** D  
**Name:** LEV, JAY  
**Address:** 24315 VINCENT AVE  
**City-St-Zip:** PUNTA GORDA, FL 33955

**Title:** VP  
**Name:** WOOD, ROBERT  
**Address:** 24315 VINCENT AVE  
**City-St-Zip:** PUNTA GORDA, FL 33955

**Title:** D  
**Name:** KOPSACK, JOYCE  
**Address:** 24315 VINCENT AVE  
**City-St-Zip:** PUNTA GORDA, FL 33955

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** WALTER COX

P

02/01/2011

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

\_\_\_\_\_  
Date