

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753030

Entity Name: VILLAS OF BURWICK AND THURSTON HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**C/O SEA BREEZE CMS
4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 59-2063593**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS, EARLE, BONAN & ENSOR, P.A.
789 SW FEDERAL HWY.
SUITE 101
STUART, FL 34994 US*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:** BONAN

02/20/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MOORE, LISA
Address	C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VP
Name	VISCONTI, ARLINE
Address	C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	TREASURER
Name	WITZENBOKER, NANCY
Address	C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	VISCONTI, ARLINE
Address	C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	ABIKOFF, HOWARD
Address	C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

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

SIGNATURE: LISA MOORE

PRESIDENT

02/20/2025

Electronic Signature of Signing Officer/Director Detail

Date