2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 18, 2025
Secretary of State
6184583556CC

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 03/18/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP, SECRETARY
Name	MOORE, LISA	Name	VISCONTI, ARLINE
Address	C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD	Address	C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	TREASURER	Title	DIRECTOR
Name	WITZENBOKER, NANCY	Name	ABIKOFF, HOWARD
Address	C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD	Address	C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	DIRECTOR		
Name	LOCASCIO, COLLEEN		
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 03/18/2025

Electronic Signature of Signing Officer/Director Detail — Date