

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000005714

**Entity Name:** BURLINGTON TOWNHOMES ASSOCIATION, INC.**Current Principal Place of Business:**18940 N. DALE MABRY HWY  
101  
LUTZ, FL 33548**Current Mailing Address:**18940 N. DALE MABRY HWY  
101  
LUTZ, FL 33548 US**FEI Number:** 84-3722396**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELITE MANAGEMENT GROUP  
18940 N. DALE MABRY HWY  
101  
LUTZ, FL 33548 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:** J.C. LAZARO

03/02/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | PRESIDENT                      |
| Name            | MOORE, TRAVIS                  |
| Address         | 18940 N. DALE MABRY HWY<br>101 |
| City-State-Zip: | LUTZ FL 33548                  |

|                 |                                |
|-----------------|--------------------------------|
| Title           | VPD                            |
| Name            | FAIT, DAVID                    |
| Address         | 18940 N. DALE MABRY HWY<br>101 |
| City-State-Zip: | LUTZ FL 33548                  |

|                 |                                |
|-----------------|--------------------------------|
| Title           | TREASURER                      |
| Name            | DODOUGH, PAM                   |
| Address         | 18940 N. DALE MABRY HWY<br>101 |
| City-State-Zip: | LUTZ FL 33548                  |

|                 |                                |
|-----------------|--------------------------------|
| Title           | SECRETARY                      |
| Name            | KUNZWEILER, BRAD               |
| Address         | 18940 N. DALE MABRY HWY<br>101 |
| City-State-Zip: | LUTZ FL 33548                  |

|                 |                                |
|-----------------|--------------------------------|
| Title           | DIRECTOR                       |
| Name            | ALLEN, LINDA                   |
| Address         | 18940 N. DALE MABRY HWY<br>101 |
| City-State-Zip: | LUTZ FL 33548                  |

*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:** TRAVIS MOORE

PRESIDENT

03/02/2022

Electronic Signature of Signing Officer/Director Detail

Date