

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003451

1. Entity Name

SUNBURST ON THE BAY HOMEOWNER'S ASSOCIATION, INC

Principal Place of Business

3100 SCENIC HWY 98, STE 118
DESTIN FL 32541

Mailing Address

3100 SCENIC HWY 98, STE 118
DESTIN FL 32541

2. Principal Place of Business

3100 Scenic Hwy 98, Ste 107

3. Mailing Address

3100 Scenic Hwy 98, Ste 107

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 107

Suite 107

City & State

City & State

Destin, FL

Destin, FL

Zip

Country

32541

USA

Zip

Country

32541

USA

4. FEI Number

59-3545530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAZEK JOHN R
3100 SCENIC HWY 98, STE 118
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name
Kathleen Reynolds, Esquire

Street Address (P.O. Box Number is Not Acceptable)

305 Main Street

City

Destin,

FL

Zip Code
32541

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KAZEK, JOHN R
STREET ADDRESS 3100 SCENIC HWY 98, STE 118
CITY-ST-ZIP DESTIN FL 32541

TITLE VD ☐ Delete
NAME KAZEK, JON
STREET ADDRESS 3100 SCENIC HWY 98, STE 118
CITY-ST-ZIP DESTIN FL 32541

TITLE STD ☐ Delete
NAME KAZEK, TERRI B
STREET ADDRESS 3100 SCENIC HWY 98, STE 118
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90167 040 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)