

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90053 024 ****61.25



DOCUMENT # N07000001252
 1. Entity Name
SUNBURST COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**220 S FRANKLIN ST
 TAMPA, FL 33602**

Mailing Address
**220 S FRANKLIN ST
 TAMPA, FL 33602**



2. Principal Place of Business - No P.O. Box #
19730 GULF BLVD

3. Mailing Address
553 S. DUNCAN AVE

Suite, Apt. #, etc.
19730

Suite, Apt. #, etc.
 (blank)

03182008 Chg-NP CR2E037 (12/06)

City & State
INDIAN SHORES FL

City & State
CLEARWATER

Zip Country
33785 Pinellas

Zip Country
33786 Pinellas

4. FEI Number
20-849-3994

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WILLIAMS, DAVID B
 220 S FRANKLIN ST
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent
 Name: **GALPIN, JULIA E**
 Street Address (P.O. Box Number is Not Acceptable)
553 SOUTH DUNCAN AVE
 City: **CLEARWATER** FL Zip Code: **33756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Julia E Galpin* **JULIA E GALPIN, MANAGER** 4/3/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SABET, MIKE 18401 US HWY 19 N-STE 201 CLEARWATER, FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SABET, ARACH 18401 US HWY 19 N STE 201 CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABET, FORHAD 18401 US HWY 19 N STE 201 CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SABET, MIKE 19730 GULF BLVD #700 INDIAN SHORES FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RANGE, JAMES 19730 GULF BLVD #600 INDIAN SHORES FL 33785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEFORD, MARK 102 BRIARWOOD DRIVE HUNTINGTON WV 25704	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *James Range* **JAMES RANGE** 4/3/08 (813)244-6046
Signature and typed or printed name of signing officer or director Date Daytime Phone #