## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000001252

FILED Mar 10, 2009 Secretary of State

Entity Name: SUNBURST COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

19730 GULF BLVD 553 SOUTH DUNCAN AVENUE INDIANSHORES, FL 33785 US CLEARWATER, FL 33756 US

Current Mailing Address: New Mailing Address:

553 S DUNCAN AVENUE CLEARWATER, FL 33756

FEI Number: 20-8493994 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALPIN, JULIA E 553 SOUTH DUNCAN AVENUE CLEARWATER, FL 33756 US

**OFFICERS AND DIRECTORS:** 

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:

Electronic Signature of Registered Agent Date

## Electronic Olynature of Negistered A

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VD ( ) Delete Title: VP (X) Change ( ) Addition

Name: SABET, MIKE Name: MULFINGER, CHARLES
Address: 19730 GULF BLVD SUITE 600 Address: 3416 ALMERA AVENUE SOUTH

City-St-Zip: INDIAN SHORES, FL 33785 City-St-Zip: TAMPA, FL 33629

Title: VST () Delete Title: ST (X) Change () Addition

 Name:
 RAMGE, JAMES
 Name:
 RAMGE, JAMES

 Address:
 19730 GULF BLVD SUITE 600
 Address:
 19730 GULF BLVD SUITE 600

 Address:
 19730 GULF BLVD SUITE 600
 Address:
 19730 GULF BLVD SUITE 600

 City-St-Zip:
 INDIAN SHORES, FL 33785
 City-St-Zip:
 INDIAN SHORES, FL 33785

 $\label{eq:title:power} \mbox{Title:} \qquad \mbox{SP} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{P} \qquad \mbox{(X) Change () Addition}$ 

 Name:
 BEFORD, MARK
 Name:
 BEFORD, MARK

 Address:
 102 GULF BLVD SUITE 600
 Address:
 102 BRIARWOOR DRIVE

 City-St-Zip:
 HUNTINGTON, WV 25704
 City-St-Zip:
 HUNTINGTON, WV 25704

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES MULFINGER VP 03/10/2009