

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001252

**FILED**  
**Jan 07, 2016**  
**Secretary of State**  
**CC4983148738**

**Entity Name:** SUNBURST COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

553 SOUTH DUNCAN AVENUE  
CLEARWATER, FL 33756

**Current Mailing Address:**

553 S DUNCAN AVENUE  
CLEARWATER, FL 33756

**FEI Number:** 20-8493994

**Certificate of Status Desired:** No

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

GALPIN, JULIA E  
553 SOUTH DUNCAN AVENUE  
CLEARWATER, FL 33756 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           FRONTERA, ALFRED  
Address        553 SOUTH DUNCAN AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title           PRESIDENT  
Name           DEGEER, JUDY  
Address        553 SOUTH DUNCAN AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title           SECRETARY  
Name           BUCK, MARK  
Address        553 SOUTH DUNCAN AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title           TREASURER  
Name           BECKEL, JAKE  
Address        553 SOUTH DUNCAN AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title           DIRECTOR  
Name           BUCK, MARK  
Address        553 SOUTH DUNCAN AVENUE  
City-State-Zip: CLEARWATER FL 33756

*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:** JUDY DEGEER

**PRESIDENT**

**01/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date