

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750057 (2)
1. Corporation Name

SUNBURST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2450 N BEACH ROAD
ENGLEWOOD FL 34223-9111

Mailing Address
2450 N BEACH ROAD
ENGLEWOOD FL 34223-9111

3. Date Incorporated or Qualified 12/05/1979
3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1967934	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

WOTITZKY, FRANK
201 W MARION AVE STE 301
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name SCOTT, THOMAS J.
82 Street Address (P.O. Box Number is Not Acceptable) 412 BLUE SPRINGS CT.
83
84 City ENGLEWOOD FL 85 Zip Code 34223

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Thomas J. Scott* THOMAS J. SCOTT 4-11-96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DA <input checked="" type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOTITZKY, FRANK	12 NAME	MONICA, DANNY
STREET ADDRESS	201 W MARION AVE STE 301	13 STREET ADDRESS	743 CANNON RD.
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	DP <input type="checkbox"/> DELETE	21 TITLE	
NAME	SCOTT, THOMAS J.	22 NAME	
STREET ADDRESS	412 BLUE SPRINGS CT	23 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	24 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	31 TITLE	
NAME	KIRKLAND, JULIAN	32 NAME	
STREET ADDRESS	6066 SEAGULL LN	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	
NAME	KIRKLAND, BARCLAY	42 NAME	
STREET ADDRESS	4510 70TH ST WEST	43 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	44 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	51 TITLE	
NAME	PURDY, WM. J.	52 NAME	
STREET ADDRESS	S. CHESTNUT CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas J. Scott* THOMAS J. SCOTT 4-11-96 (941) 474-8496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)