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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
2450 N BEACH ROAD ENGLEWOOD FL 34223-9111	2450 N BEACH ROAD ENGLEWOOD FL 34223-9106

3. Date Incorporated or Qualified: **12/05/1979**
3a. Date of Last Report: **04/19/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1967934** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCOTT, THOMAS J
412 BLUE SPRINGS CT
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MONICA, DANNY		1.2 NAME		
STREET ADDRESS	748 CANBERRA ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, THOMAS J.		2.2 NAME		
STREET ADDRESS	412 BLUE SPRINGS CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KIRKLAND, JULIAN		3.2 NAME		
STREET ADDRESS	6066 SEAGULL LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KIRKLAND, BARCLAY		4.2 NAME		
STREET ADDRESS	4510 70TH ST WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	PURDY, WM. J.		5.2 NAME		
STREET ADDRESS	S. CHESTNUT CIRCLE		5.3 STREET ADDRESS	530 RIVERBEND LANE	
CITY-ST-ZIP	COOPER CITY FL		5.4 CITY-ST-ZIP	BLUE RIDGE GA 30513	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: [illegible] 3-12-97