

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09 1998 8:00am  
Secretary of State

|  |   |   |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **750057** (2)  
1. Corporation Name  
**SUNBURST CONDOMINIUM ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>2450 N BEACH ROAD<br/>ENGLEWOOD FL 34223-9111</b> | Mailing Address<br><b>2450 N BEACH ROAD<br/>ENGLEWOOD FL 34223-9111</b> |
|---|---|

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|--|
| 3. Date Incorporated or Qualified<br><b>12/05/1979</b> |
| 4. FEI Number<br><b>59-1967934</b>                     |
| Applied For<br><input type="checkbox"/> Not Applicable |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

|   |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent<br><b>SCOTT, THOMAS J<br/>412 BLUE SPRINGS CT<br/>ENGLEWOOD FL 34223</b> |
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| 10. Name and Address of New Registered Agent<br><b>81 Name Kirkland, Julian</b><br><b>82 Street Address (P.O. Box Number is Not Acceptable) 6066 Seagull LN</b><br><b>83</b><br><b>84 City Lakeland FL 85 Zip Code 33809</b> |
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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 **JULIAN B. KIRKLAND SR.** *Julian B. Kirkland Sr.* **2/28/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resignating) DATE

| 12. OFFICERS AND DIRECTORS                   |  |
|--|--|
| TITLE<br><b>D</b>                            | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>MONICA, DANNY</b>                 |  |
| STREET ADDRESS<br><b>748 CANBERRA ROAD</b>   |  |
| CITY-ST-ZIP<br><b>WINTER HAVEN FL</b>        |  |
| TITLE<br><b>DP</b>                           | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>SCOTT, THOMAS J.</b>              |  |
| STREET ADDRESS<br><b>412 BLUE SPRINGS CT</b> |  |
| CITY-ST-ZIP<br><b>ENGLEWOOD FL</b>           |  |
| TITLE<br><b>DV</b>                           | <input type="checkbox"/> DELETE            |
| NAME<br><b>KIRKLAND, JULIAN</b>              |  |
| STREET ADDRESS<br><b>6066 SEAGULL LN</b>     |  |
| CITY-ST-ZIP<br><b>LAKELAND FL</b>            |  |
| TITLE<br><b>D</b>                            | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>KIRKLAND, BARCLAY</b>             |  |
| STREET ADDRESS<br><b>4510 70TH ST WEST</b>   |  |
| CITY-ST-ZIP<br><b>BRADENTON FL</b>           |  |
| TITLE<br><b>DT</b>                           | <input type="checkbox"/> DELETE            |
| NAME<br><b>PURDY, WM. J.</b>                 |  |
| STREET ADDRESS<br><b>530 RIVERBEND LN</b>    |  |
| CITY-ST-ZIP<br><b>BLUE RIDGE GA</b>          |  |
| TITLE  | <input type="checkbox"/> DELETE            |
| NAME   |  |
| STREET ADDRESS                               |  |
| CITY-ST-ZIP                                  |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE<br><b>D</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>Viduna, Donna</b>                      |  |
| 1.3 STREET ADDRESS<br><b>3807 Harover Hill</b>        |  |
| 1.4 CITY-ST-ZIP<br><b>Valrico, FL 33594</b>           |  |
| 2.1 TITLE<br><b>DP</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME<br><b>Joe Covello</b>                        |  |
| 2.3 STREET ADDRESS<br><b>11223 Fiddlewood DR.</b>     |  |
| 2.4 CITY-ST-ZIP<br><b>RIVERVIEW, FL 33569</b>         |  |
| 3.1 TITLE<br><b>DP</b>                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME<br><b>Kirkland, Julian B. SR.</b>            |  |
| 3.3 STREET ADDRESS<br><b>6066 Seagull LN.</b>         |  |
| 3.4 CITY-ST-ZIP<br><b>Lakeland, FL 33809</b>          |  |
| 4.1 TITLE<br><b>O</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME<br><b>marie Colley</b>                       |  |
| 4.3 STREET ADDRESS<br><b>6529 Basswood DR</b>         |  |
| 4.4 CITY-ST-ZIP<br><b>Lakeview, NY 14085</b>          |  |
| 5.1 TITLE<br><b>DT</b>                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME<br><b>Purdy, Wm. J.</b>                      |  |
| 5.3 STREET ADDRESS<br><b>530 Riverbend LN.</b>        |  |
| 5.4 CITY-ST-ZIP<br><b>Blue Ridge, GA 30513</b>        |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 CITY-ST-ZIP                                       |  |

14. I 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: *Julian B. Kirkland Sr.* **2/28/98** **941-474-0094**

CP2E037 (10/97)