

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750057

1. Entity Name

SUNBURST CONDOMINIUM ASSOCIATION, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90219 017 ****80.00

Principal Place of Business

2450 N BEACH ROAD
ENGLEWOOD FL 34223-9111

Mailing Address

2450 N BEACH ROAD
ENGLEWOOD FL 34223-9111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1967934

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, GORDON
11474 GULFSTREAM BLVD
PORT CHARLOTTE FL 33981

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS VIDUNA, DONNA
CITY-ST-ZIP 3807 HANOVER HILL
VALRICO FL 33594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DV
STREET ADDRESS JOE COVELLO
CITY-ST-ZIP 11223 FIDDLEWOOD DR
RIVERVIEW FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DP
STREET ADDRESS STEWART, GORDON
CITY-ST-ZIP 11474 GULFSTREAM BLVD
PORT CHARLOTTE FL 33981

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS HOFFMAN, BILL
CITY-ST-ZIP 2450 N. BCH RD #122
ENGLEWOOD FL 34223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DT
STREET ADDRESS PURDY, WM. J.
CITY-ST-ZIP 530 RIVERBEND LN
BLUE RIDGE GA 30513

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)