

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0074857

DOCUMENT # 750057

1. Entity Name

SUNBURST CONDOMINIUM ASSOCIATION, INC.

05-15-2001 90042 018 ****70.00

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

STEWART, GORDON
 11474 GULFSTREAM BLVD
 PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent

Name

Joe Covello

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

11223 Fiddlewood Dr.

City

Riverview FL

Zip Code

33569

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

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

TITLE	DS	<input type="checkbox"/> Delete
NAME	VIDUNA, DONNA	
STREET ADDRESS	3807 HANOVER HILL	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JOE COVELLO	
STREET ADDRESS	11223 FIDDLEWOOD DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	STEWART, GORDON	
STREET ADDRESS	11474 GULFSTREAM BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, BILL	
STREET ADDRESS	2450 N. BCH RD #122	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PURDY, WM. J.	
STREET ADDRESS	530 RIVERBEND LN	
CITY-ST-ZIP	BLUE RIDGE GA 30513	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon Conrad	
STREET ADDRESS	19 Summit Rd.	
CITY-ST-ZIP	Milvorn, PA 19355	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dick Kuehl	
STREET ADDRESS	202 Drake Ave	
CITY-ST-ZIP	Rochelle, IL 61068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Hoffman	
STREET ADDRESS	200 Marker Rd.	
CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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:

Joseph R Covello Joseph R Covello 4/28/01 9803673

CR2E037 (10/00)