

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

0051351

**DOCUMENT # 750057**

1. Entity Name

**SUNBURST CONDOMINIUM ASSOCIATION, INC.**

01-25-2002 90009 041 \*\*\*\*70.00

Principal Place of Business <b>2450 N BEACH ROAD ENGLEWOOD FL 34223-9111</b>	Mailing Address <b>2450 N BEACH ROAD ENGLEWOOD FL 34223-9111</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

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

**CONELLO, JOE  
 11223 FIDDLEWOOD DR  
 RIVERVIEW FL 33569**

Name **JOE COVELLO**

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 *Joseph R. Covello*      **JOSEPH R. COVELLO**      **1/11/02**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIDUNA, DONNA</b> <b>3807 HANOVER HILL</b> <b>VALRICO FL 33594</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>JOE COVELLO</b> <b>11223 FIDDLEWOOD DR</b> <b>RIVERVIEW FL 33569</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONRAD, GORDAN</b> <b>19 SUMMIT RD</b> <b>MALVERN PA 19355</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>HOFFMAN, BILL</b> <b>200 MARKER RD</b> <b>ROTONDA WEST FL 33947</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>KUEHL, DICK</b> <b>202 DRAKE AVE</b> <b>ROCHELLE IL 61068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KNAUF, MARK</b> <b>1112 MARTIN DRIVE</b> <b>ENGLEWOOD FL 34224</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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**      **1/11/02**      **8139803673**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CF2E037 (9/01)