

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90002 020 \*\*\*\*70.00

**DOCUMENT # 750057**

1. Entity Name  
**SUNBURST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2450 N BEACH ROAD  
ENGLEWOOD, FL 34223-9111**

Mailing Address  
**2450 N BEACH ROAD  
ENGLEWOOD, FL 34223-9111**

44040010



2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1967934**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Mary Ann Todor**  
Street Address **2450 NORTH BEACH ROAD**  
(P.O. Box Number is Not Acceptable)

City **ENGLEWOOD** FL Zip Code **34223**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-01-04**

☒ **Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DS**  
NAME **VIDUNA, DONNA**  
STREET ADDRESS **3807 HANOVER HILL**  
CITY-ST-ZIP **VALRICO, FL 33594**

☒ Delete  
**CHANGE TO**

TITLE **DP**  
NAME **JOE COVELLO**  
STREET ADDRESS **11223 FIDDLEWOOD DR**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

☒ Delete

TITLE **D**  
NAME **CONRAD, GORDAN**  
STREET ADDRESS **19 SUMMIT RD**  
CITY-ST-ZIP **MALVERN, PA 19355**

☒ Delete

TITLE **DT**  
NAME **HOFFMAN, BILL**  
STREET ADDRESS **200 MARKER RD**  
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

☐ Delete

TITLE **DV**  
NAME **KUEHL, DICK**  
STREET ADDRESS **202 DRAKE AVE**  
CITY-ST-ZIP **ROCHELLE, IL 61068**

☒ Delete

TITLE **D**  
NAME **KNAUF, MARK**  
STREET ADDRESS **1084 KANT STREET**  
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS**  
NAME **LORI JETT**  
STREET ADDRESS **2485 NORTH BEACH ROAD**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

☐ Change ☒ Addition

TITLE **DP**  
NAME **MICHAEL HABEMANN**  
STREET ADDRESS **30 TILTON MANOR DRIVE**  
CITY-ST-ZIP **ROCHELLE, IL 61068**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DV**  
NAME **VIDUNA, DONNA**  
STREET ADDRESS **3807 HANOVER HILL**  
CITY-ST-ZIP **VALRICO, FL 33594**

☒ Change ☐ Addition

TITLE **DIRECTOR**  
NAME **STEPHEN PONDEO**  
STREET ADDRESS **18 NEWTON ROAD**  
CITY-ST-ZIP **NEEDHAM, MA 02155**

☐ Change ☒ 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:

**William F. Hoffmann**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-01-04 941-474-0096**

**WILLIAM F. HOFFMANN**