

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90009 003 \*\*\*\*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**

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

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

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

SIGNATURE *Joseph R. Covello Pres* **JOSEPH R. COVELLO**

**01/06/03**

(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DS	VIDUNA, DONNA	3807 HANOVER HILL	VALRICO FL 33594	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DP	JOE COVELLO	11223 FIDDLEWOOD DR	RIVERVIEW FL 33569	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CONRAD, GORDAN	19 SUMMIT RD	MALVERN PA 19355	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	HOFFMAN, BILL	200 MARKER RD	ROTONDA WEST FL 33947	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	KUEHL, DICK	202 DRAKE AVE	ROCHELLE IL 61068	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KNAUF, MARK	1112 MARTIN DRIVE	ENGLEWOOD FL 34224	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 Pres* **JOSEPH R. COVELLO** **01/06/03** **8139803673**

CR2E037 (10/02)