2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000003451

1. Entity Name
SUNBURST ON THE BAY HOMEOWNER'S
ASSOCIATION, INC.

Principal Place of Business	Mailing Address
420 C BAYSHORE DR. DESTIN, FL 32550	420 C BAYSHORE DR. SUITE 107 DESTIN, FL 32550

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03082005 No Chg-NP   CR2E037 (10/03)

4. FEI Number		Applied For
59-3545530		Not Applicable

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

6. Name and Address of Current Registered Agent

KAZEK, JOHN R
420 C BAYSHORE DR.
DESTIN, FL 32550

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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 _Quul Kazek John R Kazek_   _3-14-05_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PVD
NAME	KAZEK, JOHN R
STREET ADDRESS	3100 SCENIC HWY 98, STE 118
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	STD
NAME	KAZEK, TERRI B
STREET ADDRESS	3100 SCENIC HWY 98, STE 118
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/05-80040-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _Quul Kazek John R Kazek_   _3-14-05_   _850 650 0070_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #