2006 NOT-FOR-PROFIT CORPORATION

Apr 10, 2006 8:00 am Secretary of State DOCUMENT # N00000003451 04-10-2006 90295 018 ****61.25 1. Entity Name SUNBURST ON THE BAY HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 420 G BAYSHORE DR. 6002600<u>9</u> 420 C BAYSHORE DR. DESTIN, FL 32550 SUITE-107 DESTIN, FL 32550 2. Principal Place of Business 3. Mailing Address 6580 <u>xoQ,O.</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 03222006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3545530 Applied For City & State City & State Destin Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAZEK, JOHN R Street Address (P.O. Box Number is Not Acceptable) 420 C BAYSHORE DR. DESTIN, FL 32550 City 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 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS PVD TITLE ☐ Delete TITLE ☐ Addition KAZEK, JOHN R NAME NAME STREET ADDRESS 3100 SCENIC HWY 98, STE 118 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE KAZEK, TERRI B NAME NAME 3100 SCENIC HWY 98, STE 118 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TID F Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

RE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED