


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90084 008 ****61.25

DOCUMENT # N00000003451 1. Entity Name SUNBURST ON THE BAY HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 420 C BAYSHORE DR. DESTIN, FL 32550	Mailing Address POB 6580 DESTIN, FL 32550
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3545530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD KAZEK, JOHN R 3100 SCENIC HWY 98, STE 118 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KAZEK, TERRI B 3100 SCENIC HWY 98, STE 118 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: John Kazek John Kazek 4/1/07 850-269-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #