

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A.
Secretary of State

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** **POB 6580
DESTIN, FL 32550**

DO NOT WRITE IN THIS SPACE



04012008 No Chg-NP CR2E037 (4/06)

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**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reselecting)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**000000335384
04/18/08-80036-016 61.25**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 R. Kazek** **4/4/08** **850-269-0032**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #