


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90038 008 ****61.25

DOCUMENT # N01000005088 1. Entity Name SUNBURST MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 303 SS.R. 70 EAST LAKE PLACID, FL 33852			Mailing Address 12 VICTORIA LN LAKE PLACID, FL 33852		
2. Principal Place of Business 307 SS. R. 70 EAST Suite, Apt. #, etc.		3. Mailing Address 307 SS. R. 70 EAST Suite, Apt. #, etc.			
City & State LAKE PLACID FL		City & State LAKE PLACID FL		4. FEI Number 59-3731581	
Zip 33852		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOLLUM & RINALDO, P.A. 129 SOUTH COMMERCE AVE SEBRING, FL 33870			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P LANGLEY, CARL 12 VICTORIA LN LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZOSCAK, CARL 3 WEST ISLE LAKE PLACID FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERHARD, BARCA 8 VICTORIA LANE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIZZUTO, STEVE 41 VICTORIA LN LAKE PLACID FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKINNER, IRA 1 VICTORIA LN LAKE PLACID, FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAHRMAN, SHIRLEY 12 MARILLA LANE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STIRRAT, JEAN 2 MARILLA LN LAKE PLACID FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOSCK, CARL 3 WEST ISLE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGLEY, CARL 12 VICTORIA LN LAKE PLACID FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPP, DON 23 PRYOR LANE LAKE PLACID, FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>X Jean H Stirrat</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/10/05 Daytime Phone # 863-465-6484		