

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005088

1. Entity Name
SUNBURST MOBILE HOME OWNERS ASSOCIATION, INC.



FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90133 018 ****61.25

Principal Place of Business

307 SS.R. 70 EAST
LAKE PLACID, FL 33852

Mailing Address

307 SS.R. 70 EAST
LAKE PLACID, FL 33852

00000403



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-3731581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCOLLUM & RINALDO, P.A.
129 SOUTH COMMERCE AVE
SEBRING, FL 33870

**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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZOSCAK, CARL
STREET ADDRESS	3 WEST ISLE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VP
NAME	PIZZOTO, STEVE
STREET ADDRESS	41 VICTORIA LN
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	S
NAME	SKINNER, IRA
STREET ADDRESS	1 VICTORIA LN
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	DT
NAME	STIRRAT, JOAN
STREET ADDRESS	2 MARILLA LN
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	LANGLEY, CARL
STREET ADDRESS	12 VICTORIA LN
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	KOOP BOON ARDIEL, JOHN
STREET ADDRESS	23 PRYOR LANE 13 CONNIE DR
CITY-ST-ZIP	LAKE PLACID, FL 33852

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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:

Jean H Stirrat **Jean H Stirrat** **3-20-06** **863**
Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #