

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005088

FILED
Mar 13, 2008
Secretary of State

Entity Name: SUNBURST MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3731581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZOSCAK, CARL
Address: 3 WEST ISLE
City-St-Zip: LAKE PLACID, FL 33852

Title: VP () Delete
Name: PIZZOTO, STEVE
Address: 41 VICTORIA LN
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: SKINNER, IRA
Address: 1 VICTORIA LN
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: ROCK, PHILIP
Address: 43 VICTORIA LANE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: LANGLEY, CARL
Address: 12 VICTORIA LN
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: ARDIEL, JOHN
Address: 13 CONNIE DR
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SWITZER, BUD
Address: 3 VICTORIA LN
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change () Addition
Name: ZENTNER, THOMAS
Address: 5 VICTORIA LANE
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP ROCK

T

03/13/2008

Electronic Signature of Signing Officer or Director

Date