

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90340 008 ****61.25

DOCUMENT # N01000005088

1. Entity Name

SUNBURST MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**303 S.S.R. 70 EAST
LAKE PLACID FL 33852**

Mailing Address

~~303 S.S.R. 70 EAST
LAKE PLACID FL 33852~~

2. Principal Place of Business

3. Mailing Address

12 VICTORIA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE PLACID, FL

4. FEI Number **59-3731581**

Applied For

Not Applicable

Zip

Country

Zip

Country

33852

HIGHLANDS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**DP
IRISH, ROLAND
2 MARILLA LANE
LAKE PLACID FL 33852** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
CARL LANGLEY
12 VICTORIA LANE
LAKE PLACID FL 33852** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
ANDERSON, JANE
40 VICTORIA LANE
LAKE PLACID FL 33852** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRES. ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
PHILLIPS, JOSEPHINE
7 MARILLA LANE
LAKE PLACID FL 33852** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
IRA SKINNER
1 VICTORIA LANE
LAKE PLACID FL 33852** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
LAHRMAN, SHIRLEY
12 MARILLA LANE
LAKE PLACID FL 33852** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZOSCK, CARL
3 WEST ISLE
LAKE PLACID FL 33852** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOPP, DON
23 PRYOR LANE
LAKE PLACID FL 33852** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED

4/17/03 863-699-5568

CR2E037 (10/02)