

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90053 024 ****61.25

DOCUMENT # N07000001252 1. Entity Name SUNBURST COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 220 S FRANKLIN ST TAMPA, FL 33602			Mailing Address 220 S FRANKLIN ST TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # 19730 GULF BLVD Suite, Apt. #, etc. 19730		3. Mailing Address 553 S. DUNCAN AVE Suite, Apt. #, etc.			
City & State INDIAN SHORES FL		City & State CLEARWATER		4. FEI Number 20-849.3994	
Zip 33785		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33786		Country Pinellas		6. Name and Address of Current Registered Agent WILLIAMS, DAVID B 220 S FRANKLIN ST TAMPA, FL 33602	
7. Name and Address of New Registered Agent Name GALPIN, JULIA E Street Address (P.O. Box Number is Not Acceptable) 553 SOUTH DUNCAN AVE City CLEARWATER		State FL			
Zip Code 33756		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 <u><i>Julia E Galpin</i></u> JULIA E GALPIN, MANAGER <u>4/3/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DP SABET, MIKE <input type="checkbox"/> Delete 18401 US HWY 19 N-STE 201 CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SABET, MIKE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19730 GULF BLVD #700 INDIAN SHORES FL 33785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SABET, ARACH <input checked="" type="checkbox"/> Delete 18401 US HWY 19 N STE 201 CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RANGE, JAMES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19730 GULF BLVD #600 INDIAN SHORES FL 33785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABET, FORHAD <input checked="" type="checkbox"/> Delete 18401 US HWY 19 N STE 201 CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEFORD MARK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 102 BRIARWOOD DRIVE HUNTINGTON WV 25704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>James Range</i></u> JAMES RANGE <u>4/3/08</u> <u>(813)244-6046</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					