

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 18, 2008  
Secretary of State

DOCUMENT# N10645

Entity Name: SUNGLOW RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3647 S. ATLANTIC AVE  
SUITE 5000  
DAYTONA BEACH SHORES, FL 32127 US

**New Principal Place of Business:**

3647 S. ATLANTIC AVE  
DAYTONA BEACH SHORES, FL 32127 US

**Current Mailing Address:**

444 SEABREEZE BLVD,  
645  
DAYTONA BEACH, FL 32118 US

**New Mailing Address:**

FEI Number: 59-2563489      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORBITZER, MARGARET L  
C/O MORBITZER COMMUNITIES, INC.  
444 SEABREEZE BLVD, #645  
DAYTONA BEACH, FL 32118 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: D ( ) Delete  
Name: PASTRE, JOHN  
Address: 9550 FREEMONT AVE N-2  
City-St-Zip: MONTCLAIR, CA 91763

Title: V ( ) Delete  
Name: SINCLAIR, PATRICIA  
Address: 12634 QUARTERHOUSE TR  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: BELLANY, EDNA  
Address: 16101 BALLANY WAY  
City-St-Zip: MONTVERDE, FL 34756

Title: SD ( ) Delete  
Name: GREEN, JANET  
Address: 400 STONG WATER LANE  
City-St-Zip: OSWEGO, IL 60543

Title: D ( ) Delete  
Name: GARRISON, CHARLES  
Address: 1310 SLOMBA DRIVE  
City-St-Zip: LAKE ORION, MI 48360

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PASTRE, JOHN  
Address: 9550 FREEMONT AVE N-2  
City-St-Zip: MONTCLAIR, CA 91763

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:

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: JOHN PASTRE

P

04/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date