

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005582

1. Entity Name

SUNBURST DRIVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

499 NORTH FERDON BOULEVARD
CRESTVIEW, FL 32536

Mailing Address

499 NORTH FERDON BOULEVARD
CRESTVIEW, FL 32536



01052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3390736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, DAVID A
499 NORTH FERDON BLVD.
CRESTVIEW, FL 32536

**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

David A. Russell

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

(NOTE: Registered Agent signature required when reinstating)

Jan 5, 2005

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUSSELL, DAVID A
STREET ADDRESS	499 N. FERDON BLVD
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	VD
NAME	RUSSELL, IRENE C
STREET ADDRESS	6028 N. HWY 85
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	STD
NAME	GRAY, THERESIA J
STREET ADDRESS	927 LIGHTHOUSE CHURCH RD
CITY-ST-ZIP	BAKER, FL 32531
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80035-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Russell

Date

Daytime Phone

Jan 12, 2005 (82) 682-615