

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 19, 2002 8:00 am
Secretary of State

05-19-2002 90152 030 ****61.25

DOCUMENT # N99000000075

1. Entity Name

SUNBURST ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1135 EAST AVENUE
CLERMONT FL 34711

1135 EAST AVENUE
CLERMONT FL 34711

2. Principal Place of Business

10536 Sunburst View Dr

3. Mailing Address

P.O. Box 121611

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Clermont, FL

City & State

Clermont, FL

City & State

~~34712~~

Zip

34711

Country

USA

Zip

34712

Country

USA

4. FEI Number

59-3577534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LADD, DALE

1135 EAST AVENUE
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

Vincent Zaun

Street Address (P.O. Box Number is Not Acceptable)

10536 Sunburst View Dr.

City

Clermont

FL

Zip Code
34711

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.

SIGNATURE

Vincent A. Zaun

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

(NOTE: Registered Agent signature required when reinstating)

4/24/02

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD LADD, DALE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1135 EAST AVENUE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE NAME	VD LADD, DARRYL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1135 EAST AVENUE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE NAME	TD MCDERMOTT, OWEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1135 EAST AVENUE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President/D Vincent Zaun	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10536 Sunburst View Dr	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE NAME	V.P.-D. Fannie Brand	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10609 Sunburst View Drive	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE NAME	SECY-D. Barbara Balcauski	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10542 Sunburst View Dr	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE NAME	TREASURER/D Mareng Edwards	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13048 Sunwood Ct.	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Vincent A. Zaun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02 (352) 243-3979

CR2E037 (9/01)