


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90002 034 ****61.25

DOCUMENT # N99000000075	
1. Entity Name SUNBURST ESTATES HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 52 E. SOUTH STREET ORLANDO, FL 32801	Mailing Address 52 E. SOUTH STREET ORLANDO, FL 32801
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2. Principal Place of Business 5401 S. KIRKMAN RD	3. Mailing Address 5401 S. KIRKMAN RD
Suite, Apt. #, etc. SUITE 450	Suite, Apt. #, etc. SUITE 450
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32819	Country USA



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3577534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS, INC 5401 S KIRKMAN RD. SUITE 450 ORLANDO, FL 32819	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD SD	<input type="checkbox"/> Delete	TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWARD, DENNIS		NAME HOWARD, DENNIS	
STREET ADDRESS 10748 WINDHILL CRT		STREET ADDRESS 10748 WINDHILL CRT,	
CITY-ST-ZIP CLERMONT, FL 34711		CITY-ST-ZIP CLERMONT, FL 34711	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PARKER, PATRICIA		NAME STEPHEN GEORGE	
STREET ADDRESS 10804 SUNBURST VIEW DR		STREET ADDRESS 10619 SUNBURST VIEW DR,	
CITY-ST-ZIP CLERMONT, FL 34711		CITY-ST-ZIP CLERMONT, FL 34711	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KREBS, DOROTHY		NAME	
STREET ADDRESS 10749 WINDHILL COURT		STREET ADDRESS	
CITY-ST-ZIP CLERMONT, FL 34711		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PLATIN, MAGDALENA		NAME	
STREET ADDRESS 10738 WINDHILL COURT		STREET ADDRESS	
CITY-ST-ZIP CLERMONT, FL 34711		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARILYNN, SEUFFER		NAME	
STREET ADDRESS 13100 LAKEWIND DR		STREET ADDRESS	
CITY-ST-ZIP CLERMONT, FL 34711		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **STEPHEN J. GEORGE PRESIDENT** **2/7/2006** **252-394-0771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #