

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90064 031 ****61.25

DOCUMENT # N99000000075

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



Principal Place of Business
**5401 S. KIRKMAN RD
STE. 450
ORLANDO, FL 32819**

Mailing Address
**5401 S. KIRKMAN RD
STE. 450
ORLANDO, FL 32819**

40000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3577534

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **HOWARD, DENNIS**
STREET ADDRESS **10748 WINDHILL CRT**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **PD** ☒ Delete
NAME **GEORGE, STEPHEN**
STREET ADDRESS **10619 SUNBURST VIEW DR**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **VD** ☐ Delete
NAME **KREBS, DOROTHY**
STREET ADDRESS **10749 WINDHILL COURT**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **TD** ☒ Delete
NAME **PLATIN, MAGDALENA**
STREET ADDRESS **10736 WINDHILL COURT**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **D** ☐ Delete
NAME **MARILYNN, SEUFFER**
STREET ADDRESS **13100 LAKEWIND DR**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **ME** ☐ Delete
NAME **McCalment, Carol**
STREET ADDRESS **10730 Windhill Ct.**
CITY-ST-ZIP **CLERMONT, FL 34711**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **Carol McCalment - T**
STREET ADDRESS **10730 Windhill Ct.**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **N** ☐ Change ☒ Addition
NAME **Nicholas Brudnak III**
STREET ADDRESS **13050 Lakewind Drive #P**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **P** ☒ Change ☐ Addition
NAME **Preseant Lehnhardt, Dorothy - VP**
STREET ADDRESS **10749 Windhill Ct**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **L** ☐ Change ☒ Addition
NAME **LEE LOVICA - Secy**
STREET ADDRESS **10737 WINDHILL CT #B**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-2007