

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000131536

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** SUNBURST VACATIONS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

10542 SUNBURST VIEW DRIVE  
CLERMONT, FL 34711

**New Principal Place of Business:**

10301 US HIGHWAY 27  
64 HILLTOP 9A  
CLERMONT, FL 34711

**Current Mailing Address:**

10542 SUNBURST VIEW DRIVE  
CLERMONT, FL 34711

**New Mailing Address:**

10301 US HIGHWAY 27  
64 HILLTOP 9A  
CLERMONT, FL 34711

**FEI Number:** 26-1205396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BALCAUSKI, BARBARA A  
10542 SUNBURST VIEW DRIVE  
CLERMONT, FL 34711 US

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

BALCAUSKI, BARBARA A  
10301 US HIGHWAY 27  
64 HILLTOP 9A  
CLERMONT, FL 34711 US

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:** BARBARA A BALCAUSKI

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BALCAUSKI, BARBARA A  
**Address:** 10301 US HIGHWAY 27  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** VP  
**Name:** BALCAUSKI, JAMES E  
**Address:** 10301 US HIGHWAY 27  
**City-St-Zip:** CLERMONT, FL 34711

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** BARBARA BALCAUSKI

P

01/06/2011

Electronic Signature of Signing Officer or Director

Date