

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUN -7 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N05000000139</b> 1. Entity Name <b>SEVEN OAKS AT SUNDANCE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 432 EUNICE ROAD LAKELAND, FL 33803		Mailing Address 432 EUNICE ROAD LAKELAND, FL 33803			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		06022006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 20-2773267	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ENGLER, WALTER E JR</b> 432 EUNICE ROAD LAKELAND, FL 33803				7. Name and Address of New Registered Agent Name <b>Stillinger, Yancey</b> Street Address (P.O. Box Number is Not Acceptable) <b>188 Seven Oaks Drive</b> City <b>Mulberry</b> <b>FL</b> Zip <b>33860</b>	
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 <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE <b>6/5/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ENGLER, WALTER E JR 432 EUNICE ROAD LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Stillinger, Yancey 188 Seven Oaks Drive Mulberry, FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ENGLER, PATRICIA 432 EUNICE ROAD LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Davis, Elizabeth 540 Seven Oaks Street Mulberry, FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TYLER, DONNIE L 5397 N SOCRUM LOOP ROAD LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Petroff, Walter 136 Seven Oaks Drive Mulberry, FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TYLER, JANICE 5397 N SOCRUM LOOP ROAD LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ambrosino, Michael 117 Seven Oaks Drive Mulberry, FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	500076387165 06/20/06--01041--015 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	JC 6/12		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>6/5/06</b> Daytime Phone # <b>(863) 868-9222</b>	