


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 31 PM 2:58

<b>DOCUMENT # N05000000139</b> 1. Entity Name <b>SEVEN OAKS AT SUNDANCE HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>432 EUNICE ROAD LAKELAND, FL 33803</b>	Mailing Address <b>432 EUNICE ROAD LAKELAND, FL 33803</b>
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2. Principal Place of Business <b>188 Seven Oaks Dr.</b>	3. Mailing Address <b>188 Seven Oaks Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Mulberry, FL</b>	City & State <b>Mulberry, FL</b>	4. FEI Number <b>20-2773267</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <b>33860</b>	Country <b>USA</b>	Zip <b>33860</b>	Country <b>USA</b>



08252006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent  <b>STILLINGER, YANCEY 188 SEVEN OAKS DRIVE MULBERRY, FL 33860</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">                     FL Zip Code                 </div>
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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 \_\_\_\_\_

<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	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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STILLINGER, YANCEY			NAME			
STREET ADDRESS	188 SEVEN OAKS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MULBERRY, FL 33860			CITY-ST-ZIP			
					900079731929		
					09/12/06--01064--019 **\$61.25		
TITLE	DST	<input checked="" type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, ELIZABETH			NAME	Ambrosino, Michael		
STREET ADDRESS	540 SEVEN OAKS DRIVE			STREET ADDRESS	117 Seven Oaks Drive		
CITY-ST-ZIP	MULBERRY, FL 33860			CITY-ST-ZIP	Mulberry, FL 33860		
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETROFF, WALTER			NAME	Taylor, Jon		
STREET ADDRESS	136 SEVEN OAKS DRIVE			STREET ADDRESS	184 Seven Oaks Drive		
CITY-ST-ZIP	MULBERRY, FL 33860			CITY-ST-ZIP	Mulberry, FL 33860		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMBROSINO, MICHAEL			NAME	Blaney, Melissa		
STREET ADDRESS	117 SEVEN OAKS DRIVE			STREET ADDRESS	181 Seven Oaks Drive		
CITY-ST-ZIP	MULBERRY, FL 33860			CITY-ST-ZIP	Mulberry, FL 33860		
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			
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: *Jon Taylor*      8/28/06      (863) 868-9222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #