
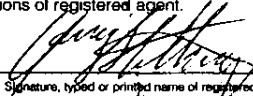
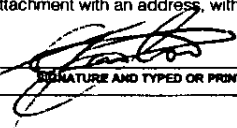


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90018 031 \*\*\*\*61.25

<b>DOCUMENT # N05000000139</b>					
1. Entity Name <b>SEVEN OAKS AT SUNDANCE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>188 SEVEN OAKS DRIVE MULBERRY, FL 33860</b>		Mailing Address <b>188 SEVEN OAKS DRIVE MULBERRY, FL 33860</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2773267</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>STILLINGER, YANCEY 188 SEVEN OAKS DRIVE MULBERRY, FL 33860</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 		<b>YANCEY STILLINGER</b>		DATE <b>JAN. 11, 2008</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLINGER, YANCEY		NAME	TAYLOR, GLYNE	
STREET ADDRESS	188 SEVEN OAKS DRIVE		STREET ADDRESS	536 SEVEN OAKS ST.	
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETROFF, WALTER		NAME	LOPEZ, RAIME	
STREET ADDRESS	136 SEVEN OAK DR		STREET ADDRESS	208 SEVEN OAKS DRIVE	
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JON		NAME	BUSH, MARIANNA	
STREET ADDRESS	184 SEVEN OAKS DRIVE		STREET ADDRESS	549 SEVEN OAKS ST.	
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBHARDT, JOAN		NAME		
STREET ADDRESS	217 SEVEN OAKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		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		
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: 		<b>GLYNE TAYLOR</b>		DATE <b>1/13/08</b>	
Signature and typed or printed name of signing officer or director				Date	
				Daytime Phone #	