

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20722

1. Entity Name

SPANISH SPRING TOWNHOMES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90100 024 ****61.25

Principal Place of Business: 3300 UNIVERSITY DR., #405
 C/O UNITED COMMUNITY MGMT CORP
 CORAL SPRINGS FL 33065
 US

Mailing Address: 3300 UNIVERSITY DR., #405
 C/O UNITED COMMUNITY MGMT CORP
 CORAL SPRINGS FL 33065-4130
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Sundance Property Management

Suite, Apt. #: 11510 W. Sample Rd., Suite 5

City & State: Coral Springs, FL 33065

Broward County

4. FEI Number: 65-0086181

Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~UNITED COMMUNITY MGMT CORP~~
 3300 UNIVERSITY DR., #405
 CORAL SPRINGS FL 33065

Change to Sundance Prop Mgt Corp

Name: Sundance Property Management
 11510 W. Sample Rd., Suite 5
 Coral Springs, FL 33065

City: _____ 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.

SIGNATURE: *GLENN STEWART*

[Signature]

DATE: 4-26-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution:

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Delete
NAME	DICKMEYER, MARK	
STREET ADDRESS	281 NE 16 PLACE #401	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HLADKY, MARY	
STREET ADDRESS	240 NE 17 CT #705	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, DONNA	
STREET ADDRESS	261 NE 16 PLACE #303	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JOHN CAMPBELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	240 NE 17TH CT #704	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3/6/2000

Daytime Phone #

Daytime Phone #

CR2E037 (9/99)