

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 04, 2001 8:00 am
Secretary of State

02-27-2001 90341 007 ****61.25

DOCUMENT # N20722
1. Entity Name
SPANISH SPRING TOWNHOMES, INC.

Principal Place of Business Mailing Address
SUNDANCE PROPERTY MANAGEMENT SUNDANCE PROPERTY MANAGEMENT
11510 WEST SAMPLE ROAD SUITE 5 11510 WEST SAMPLE ROAD SUITE 5
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0086181 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SUNDANCE PROPERTY MANAGEMENT Name: **Jennings + Velazquez, P.A.**
11510 WEST SAMPLE ROAD SUITE 5 Street Address (P.O. Box Number is Not Acceptable)
CORAL SPRINGS FL 33085 **311 E. 11th Street**
Attn: Steven Velazquez
Fort Lauderdale FL Zip Code **33316**

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: *Steven Velazquez* DATE: **02-05-01**
Signature typed in print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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: D NAME: DICKMEYER, MARK STREET ADDRESS: 281 NE 18 PLACE #401 CITY-ST-ZIP: FT LAUDERDALE FL 33305	<input type="checkbox"/> Delete	TITLE: D NAME: Anne Plummer STREET ADDRESS: 241-NE 16th Place # 201 CITY-ST-ZIP: FT. Lauderdale, FL 33305	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CAMPBELL, JOHN STREET ADDRESS: 240 NE 17 COURT #704 CITY-ST-ZIP: FT LAUDERDALE FL 33305	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: TAYLOR, DONNA STREET ADDRESS: 281 NE 18 PLACE #303 CITY-ST-ZIP: FT LAUDERDALE FL 33305	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *JOHN J. CAMPBELL* DATE: **1/25/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)