

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004049

FILED
Apr 02, 2009
Secretary of State

Entity Name: SUNDANCE AT PLANTATION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17501 BISCAYNE BLVD.
SUITE 300
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

17501 BISCAYNE BLVD.
SUITE 300
AVENTURA, FL 33160

New Mailing Address:

2525 PONCE DE LEON BLVD
5TH FLOOR (CONDO DEPARTMENT)
CORAL GABLES, FL 33134

FEI Number: 20-8888363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, FERNANDO
2525 PONCE DE LEON BOULEVARD
SUITE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ROLLNICK, NEIL
2525 PONCE DE LEON BOULEVARD
SUITE 400
CORAL GABLES, FL 33134 US

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: NEIL ROLLNICK

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KARSON, ARDEN
Address: 17501 BISCAYNE BLVD. #300
City-St-Zip: AVENTURA, FL 33160

Title: VD () Delete
Name: RISMILLER, TAYLOR
Address: 17501 BISCAYNE BLVD. #300
City-St-Zip: AVENTURA, FL 33160

Title: STD () Delete
Name: GERACI, HEATHER
Address: 17501 BISCAYNE BLVD. #300
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MOORE, PETER
Address: 17501 BISCAYNE BLVD. #300
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARDEN KARSON

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date