

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000059

**Entity Name:** SUNDANCE TRAILS RANCH HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**7750981563CC**

**Current Principal Place of Business:**

501 BRICKELL KEY DRIVE  
SUITE 602  
MIAMI, FL 33131

**Current Mailing Address:**

501 BRICKELL KEY DRIVE  
SUITE 602  
MIAMI, FL 33131 US

**FEI Number: 56-2554173**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NATIONAL REGISTERED AGENTS, INC.  
501 BRICKELL KEY DRIVE  
SUITE 602  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MASILLO, THOMAS  
Address 501 BRICKELL KEY DRIVE  
SUITE 602  
City-State-Zip: MIAMI FL 33131

Title SD  
Name SIMON, JON  
Address 501 BRICKELL KEY DRIVE  
SUITE 602  
City-State-Zip: MIAMI FL 33131

Title D  
Name WHISENAND, JAMES  
Address 501 BRICKELL KEY DRIVE  
SUITE 602  
City-State-Zip: MIAMI FL 33131

*I hereby 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 all other like empowered.*

**SIGNATURE: THOMAS MASILLO**

**PD**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date