

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755146

FILED  
Mar 12, 2009  
Secretary of State

**Entity Name:** SUNDANCE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2478 SUNBURST PL  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

2478 SUNBURST PL  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-5300894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

INGLE, CHRISTINE R  
2478 SUNBURST PLACE  
TALLAHASSEE, FL 32301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCALEER, SHAWN  
Address: 2475 SUNBURST PLACE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD ( ) Delete  
Name: INGLE, CHRISTINE R  
Address: 2478 SUNBURST PLACE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD ( ) Delete  
Name: SMITH, CHRISTY  
Address: 2488 SUNBURST PLACE  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: THOMPkins, GAIL  
Address: 2479 SUNBURST PLACE  
City-St-Zip: TALLAHASSEE, FL 32301

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: CHRISTINE R. INGLE

TD

03/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date