

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90034 030 \*\*\*\*61.25

**DOCUMENT # N00000000934**

1. Entity Name

**SUNDANCE WAY PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

**4444 SUNDANCE WAY  
HOLT FL 32564**

Mailing Address

**4444 SUNDANCE WAY PO Box 374  
HOLT FL 32564**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 374**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Holt FL**

Zip

Country

**32564**

Country

4. FEI Number

**EIN 59-3649665**

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

**MCCONNELL, ROBERT  
4444 SUNDANCE WAY  
HOLT FL 32564**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Robert Y. McConnell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/20/01**

**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** ☐ Delete  
NAME **HENNEMAN, DORIS**  
STREET ADDRESS **4295 SUNDANCE WAY**  
CITY-ST-ZIP **HOLT FL 32564**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MCCONNELL, ROBERT**  
STREET ADDRESS **4444 SUNDANCE WAY**  
CITY-ST-ZIP **HOLT FL 32564**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **WALKER, JUNE**  
STREET ADDRESS **61 LINCOLN DR**  
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Robert Y. McConnell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/01**

Date

**850-537-2500**

Daytime Phone #

CR2E037 (10/00)

attachment  
# N00000000934

Sundance Way Property Owners' Association, Inc.  
PO Box 374  
Holt, FL 32564

January 21, 2001

To Whom It May Concern:

We are a non-profit Corporation and are curious why we are being charged \$61.25.

Thank You,



Bob McConnell  
President  
Sundance Way Property Owners' Association, Inc.