

4/14

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

04-14-2001 90011 010 ****61.25

DOCUMENT # N00000005505

1. Entity Name

SUNDANCE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1150B EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 330091150B EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-1098019

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEOPOLD & LEOPOLD, P.A.
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA FL 33180Name **ROBERT LECHTER**

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

1150 B.(E) Hallandale Beach Blvd.

City **HALLANDALE**FL Zip Code **33089**

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

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

ROBERT LECHTER

(NOTE: Registered Agent signature required when reinstating)

4/06/01

DATE

FILE NOW:
FEF IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	LECHTER, ROBERT S	
STREET ADDRESS	1150B EAST HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VSD	☐ Delete
NAME	HIMMELSTERN, CARLOS	
STREET ADDRESS	1150B EAST HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	☐ Delete
NAME	HOUSTON, BRETT	
STREET ADDRESS	1150B EAST HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Lechter

Date

Telephone #

4/6/01 (954) 455-3660

CR2037 (10/00)