

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005505

1. Entity Name

SUNDANCE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1150B EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address

1150B 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

Zip

Country

Zip

Country

4. FEI Number

98-1098019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD & LEOPOLD, P.A.
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
LECHTER, ROBERT S
STREET ADDRESS 1150B EAST HALLANDALE BEACH BLVD.
CITY-ST-ZIP HALLANDALE FL 33009

TITLE NAME ☐ Delete
HIMMELSTERN, CARLOS
STREET ADDRESS 1150B EAST HALLANDALE BEACH BLVD.
CITY-ST-ZIP HALLANDALE FL 33009

TITLE NAME ☐ Delete
HOUSTON, BRETT
STREET ADDRESS 1150B EAST HALLANDALE BEACH BLVD.
CITY-ST-ZIP HALLANDALE FL 33009

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
400000133559
04/27/04-80093-006 61.25

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT LECHTER

Date

4-16-04

Daytime Phone #

954.4553660