2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005505

FILED May 17, 2005 Secretary of State

=nary iva	me: SUNDANCE CONDOMINIUM ASSOCIA	11014, 1140.	
Current P	Principal Place of Business:	New Principal Pla	ace of Business:
	D STREET ACH, FL 33139 US		
Current M	Nailing Address:	New Mailing Add	ress:
ASSOCIA	D STREET TION MAILBOX ACH, FL 33139		
	r: 98-1098019 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable () receive the prior notice.) Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Addres	ss of New Registered Agent:
828 THÍRI	VILLIAM C BOARD D STREET ACH, FL 33139 US		
	AO11, 1 E 33133 00		
The above	e named entity submits this statement for the pre-	urpose of changing its regist	tered office or registered agent, or both,
The above in the Stat	e named entity submits this statement for the price of Florida.	urpose of changing its regist	tered office or registered agent, or both,
The above in the Stat	e named entity submits this statement for the price of Florida.		tered office or registered agent, or both, Date
The above in the Stat SIGNATU	e named entity submits this statement for the pree of Florida. RE:	nt	
The above in the Stat SIGNATU	e named entity submits this statement for the present for the	nt	Date
The above in the State SIGNATU OFFICER Title: Name: Address:	e named entity submits this statement for the pre of Florida. RE: Electronic Signature of Registered Age S AND DIRECTORS: D () Delete HABER, WILLIAM C 828 THIRD STREET	nt ADDITIONS/CHA Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIELLE FINNEGAN D 05/17/2005