

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:14

DOCUMENT # N26985 (4)
1. Corporation Name
SUNDANCE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
6315 SANTA FE DRIVE ZEPHYRHILLS FL 33540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/16/1988** 3a. Date of Last Report **03/15/1994**
4. FEI Number **NOT APPLICABLE** Applied For **Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

GALAVIS, CARLOS
6315 SANTA FE DR
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMUNDSEN, LYNN	1.2 NAME	HUSSLEIN, WAYNE
STREET ADDRESS	6131 RED FEATHER DR	1.3 STREET ADDRESS	6207 SUNDANCE DR
CITY - ST - ZIP	ZEPHYRHILLS FL	1.4 CITY - ST - ZIP	ZEPHYRHILLS, FL
TITLE	DV	2.1 TITLE	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTILEONE, DOM	2.2 NAME	JONES, JACK
STREET ADDRESS	8302 SUNDANCE DR	2.3 STREET ADDRESS	6220 PUEBLO DR
CITY - ST - ZIP	ZEPHYRHILLS FL	2.4 CITY - ST - ZIP	ZEPHYRHILLS, FL
TITLE	DS	3.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFFER, JOHN	3.2 NAME	SCHAEFFER, VIRGINIA
STREET ADDRESS	6220 SUNDANCE DR	3.3 STREET ADDRESS	6212 SUNDANCE DR
CITY - ST - ZIP	ZEPHYRHILLS FL	3.4 CITY - ST - ZIP	ZEPHYRHILLS, FL
TITLE	DT	4.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOOMIS, LEE	4.2 NAME	LOOMIS, LEE
STREET ADDRESS	6233 SANTA-FE DR	4.3 STREET ADDRESS	6233 SANTA FE DR
CITY - ST - ZIP	ZEPHYRHILLS FL	4.4 CITY - ST - ZIP	ZEPHYRHILLS, FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia Schaeffer* Virginia Schaeffer 2-8-95 813-788-3872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Typed Name)