

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N26985** (4)

1. Corporation Name
SUNDANCE HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 06/16/1988
3a. Date of Last Report: 02/15/1995

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

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

CLARK, PHYLLIS
6247 RED FEATHER DRIVE
ZEPHYRHILLS, FL. 33540
FL Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **PHYLLIS CLARK** *Phyllis Clark* 3/20/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	HUSSLEIN, WAYNE	
STREET ADDRESS	6207 SUNDANCE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JONES, JACK	
STREET ADDRESS	6220 PUEBLO DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SCHAEFFER, VIRGINIA	
STREET ADDRESS	6212 SUNDANCE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LOOMIS, LEE	
STREET ADDRESS	6233 SANTA-FE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE	DP		
12 NAME	HUSSLEIN, WAYNE		
13 STREET ADDRESS	6206 RED FEATHER DRIVE		
14 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33540		
21 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME	JONES, JACK		
23 STREET ADDRESS	6232 PUEBLO DRIVE		
24 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33540		
31 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
32 NAME	CLARK, PHYLLIS		
33 STREET ADDRESS	6247 RED FEATHER DRIVE		
34 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33540		
41 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
42 NAME	STEELE, CHARLENE		
43 STREET ADDRESS	6130 EAGLES NEST DRIVE		
44 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33540		
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **PHYLLIS CLARK** *Phyllis Clark* 3/20/96 813/788-9887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)