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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/16/1988	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**CLARK, PHYLLIS
6247 RED FEATHER DR
ZEPHYRHILLS FL 33540**

10. Name and Address of New Registered Agent
**81 Name BUSACK, MYNDRET
82 Street Address (P.O. Box Number is Not Acceptable) 6220 RED FEATHER DR.
83
84 City ZEPHYRHILLS FL 85 Zip Code 33540**

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 **MYNDRET C. BUSACK SECRETARY Myndret C. Busack 3/13/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHAEFFER, JOHN 6212 SUNDANCE DRIVE ZEPHYRHILLS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAWTELLE, FRANKLIN 6233 SUNDANCE DRIVE ZEPHYRHILLS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSH, ROBERT 6246 RED FEATHER DRIVE ZEPHYRHILLS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIDAM, ROBERT 6201 RED FEATHER DRIVE ZEPHYRHILLS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLARK, PHYLLIS 6247 RED FEATHER DR ZEPHYRHILLS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEELE, CHARLENE 6130 EAGLES NEST DR ZEPHYRHILLS FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP SAWTELLE, FRANKLIN 6233 SUNDANCE DR. ZEPHYRHILLS, FL 33540 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DV SATTERLEE, LYNN 6332 EAGLES NEST DR. ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DS BUSACK, MYNDRET 6220 RED FEATHER DR. ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DT JEFFRIES, ROBERTA 6243 EAGLES NEST DR. ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D DIAMANT, THOMAS 6236 EAGLES NEST DR. ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D HUSSLIN, WAYNE 6206 RED FEATHER DR ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. 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 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: **Myndret C. Busack MYNDRET C. BUSACK 3/9/98** 813-782-6503

CR2E037 (10/97)