

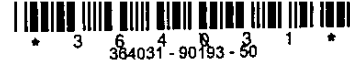
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Mar 09, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26985
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/16/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE
22	27	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	Trust Fund Contribution

9. Name and Address of Current Registered Agent HOLDEN, JOHN 6315 SANTA FE DR. ZEPHYRHILLS FL 33540	10. Name and Address of New Registered Agent 81 Name LYNN AMUNDSEN 82 Street (P.O. Box Number is Not Acceptable) 6131 RED FEATHER DR. 83 ZEPHYRHILLS, FL. 84 City ZEPHYRHILLS FL FL 85 Zip Code 33540
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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 *Lynn Amundsen* DATE 4/06/99
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SATTERLEE, LYNN 6332 EAGLES NEST DR ZEPHYRHILLS FL 33540 <input type="checkbox"/> DELETE	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	DS AMUNDSEN, LYNN 6131 RED FEATHER DR. ZEPHYRHILLS, FL. 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAWTELLE, FRANKLIN 6233 SUNDANCE DRIVE ZEPHYRHILLS FL 33540 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	DP ALBRECHT, DICK 6206 MISSION VIEJO DR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUSACK, MYNDRET 6220 RED FEATHER DR ZEPHYRHILLS FL 33540 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	D BETTY STENZEL 39504 SUNVALLEY DR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JEFFRIES, ROBERTA 6243 EAGLES NEST DR ZEPHYRHILLS FL 33540 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D SINCLAIR, RON 6331 LARAMIE LOOP ZEPHYRHILLS, FL. 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAMANT, THOMAS 6236 EAGLES NEST DR ZEPHYRHILLS FL 33540 <input type="checkbox"/> DELETE	5.1 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D COLLINS, CHARLES 6347 LARAMIE LOOP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSLIN, WAYNE 6206 RED FEATHER DR ZEPHYRHILLS FL 33540 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 62 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D SCHAEFFER, JOHN 6212 SUNDANCE DRIVE 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)(i), 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, with all other like empowered.

SIGNATURE: *Katherine Harris* SECRETARY DATE: 2/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)