

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26985

1. Entity Name

SUNDANCE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90007 016 ****61.25

Principal Place of Business 6315 SANTA FE DRIVE ZEPHYRHILLS FL 33540	Mailing Address 6315 SANTA FE DRIVE ZEPHYRHILLS FL 33540-1789
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

AMUNDSEN, LYNN
6131 RED FEATHER DR
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE LYNN AMUNDSEN [Signature] 3/17/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DX <input type="checkbox"/> Delete
NAME	SATTERLEE, LYNN
STREET ADDRESS	6332 EAGLES NEST DR
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	DS <input type="checkbox"/> Delete
NAME	AMUNDSEN, LYNN
STREET ADDRESS	6131 RED FEATHER DR
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	DP <input type="checkbox"/> Delete
NAME	ALBRECHT, DICK
STREET ADDRESS	6206 MISSION VIEJO DR
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	DT <input type="checkbox"/> Delete
NAME	JEFFRIES, ROBERTA
STREET ADDRESS	6243 EAGLES NEST DR
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	DV <input type="checkbox"/> Delete
NAME	DIAMANT, THOMAS
STREET ADDRESS	6236 EAGLES NEST DR
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	D <input type="checkbox"/> Delete
NAME	STENZEL, BETTY
STREET ADDRESS	39504 SUNVALLEY DR
CITY-ST-ZIP	ZEPHYRHILLS FL 33540

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MARSH, ROBERT
STREET ADDRESS	6242 Red-Feather Dr.
CITY-ST-ZIP	Zephyrhills, FL 33540
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)