

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90112 007 ****61.25

DOCUMENT # N26985

1. Entity Name

SUNDANCE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6315 SANTA FE DRIVE
 ZEPHYRHILLS FL 33540

6315 SANTA FE DRIVE
 ZEPHYRHILLS FL 33540

2. Principal Place of Business

3. Mailing Address

6340 Santa Fe Drive
 Suite, Apt. #, etc.

6340 Santa Fe Drive
 Suite, Apt. #, etc.

City & State

City & State

Zephyrhills, FL

Zephyrhills, FL

Zip

Country

Zip

Country

33540

Pasco

33540

Pasco



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMUNDSEN, LYNN
 6131 RED FEATHER DR
 ZEPHYRHILLS FL 33540

Name

Ann M. Krauss

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

39726 Medicine Bow Drive

City

Zephyrhills

FL

Zip Code

33540

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 **Ann M. Krauss, Secretary**

Ann M. Krauss

3/7/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Virginia Schaeffer 6212 Sundance Dr. Zephyrhills FL 33540	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Ann M. Krauss 39726 Medicine Bow Dr. Zephyrhills, FL 33540	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Les Bushart 39626 Medicine Bow Dr. Zephyrhills, FL 33540	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim LaRoque 6253 Santa Fe Dr. Zephyrhills, FL 33540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marilyn Barger 6226 Red Feather Dr. Zephyrhills, FL 33540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roland Sinclair 6331 Laramie Loop Zephyrhills, FL 33540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01 813-783-7860
 Date Daytime Phone #

CR2E037 (10/00)