

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0077230

**DOCUMENT # N26985**

1. Entity Name

**SUNDANCE HOMEOWNERS ASSOCIATION, INC.**

04-02-2002 90932 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**6340 SANTA FE DRIVE  
 ZEPHYRHILLS FL 33540**

**6340 SANTA FE DRIVE  
 ZEPHYRHILLS FL 33540**

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAUSS, ANN M  
 39726 MEDICINE BOW DRIVE  
 ZEPHYRHILLS FL 33540**

Name **Myndret C. Busack**

Street Address (P.O. Box Number is Not Acceptable)  
**6220 Red Feather 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 **MYNDRET C. BUSACK**

Signature, typed or printed name of registered agent and title if applicable.

*Myndret C. Busack*

(NOTE: Registered Agent signature required when reinstating)

**3/25/2002**

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 **DP**  Delete  
 NAME **SCHAEFFER, VIRGINIA**  
 STREET ADDRESS **6212 SUNDANCE DRIVE**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **DP**  Change  Addition  
 NAME **Strolis, AL**  
 STREET ADDRESS **Strolis, Al**  
 CITY-ST-ZIP **6303 PUEBLO DR  
 Zephyrhills, FL 33540**

TITLE **DS**  Delete  
 NAME **KRAUSS, ANN M**  
 STREET ADDRESS **39726 MEDICINE BOW DRIVE**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **DV**  Change  Addition  
 NAME **McCabe, Donna**  
 STREET ADDRESS **6200 Sundance Dr**  
 CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE **D**  Delete  
 NAME **BUSCHART, LES**  
 STREET ADDRESS **39626 MEDICINE BOW DRIVE**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **DT**  Change  Addition  
 NAME **David Brumbaugh**  
 STREET ADDRESS **39637 Sunvalley DR**  
 CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE **DT**  Delete  
 NAME **JEFFRIES, ROBERTA**  
 STREET ADDRESS **6243 EAGLES NEST DR**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **DS**  Change  Addition  
 NAME **Myndret C. Busack**  
 STREET ADDRESS **6220 Red Feather DR**  
 CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE **D**  Delete  
 NAME **BARGER, MARILYN**  
 STREET ADDRESS **6226 RED FEATHER DRIVE**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **D**  Change  Addition  
 NAME **Jim Maciel**  
 STREET ADDRESS **6246 Pueblo DR**  
 CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE **D**  Delete  
 NAME **STENZEL, BETTY**  
 STREET ADDRESS **39504 SUNVALLEY DR**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **D**  Change  Addition  
 NAME **Robert Noftle**  
 STREET ADDRESS **6221 Santa FE DR**  
 CITY-ST-ZIP **Zephyrhills, FL 33540**

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: **Myndret C. Busack** Myndret C. Busack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/2002**

DATE

**813-782-6503**

DAYTIME PHONE #

CR2E037 (9/01)