

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 19, 2008 8:00 am**  
**Secretary of State**

06-19-2008 90002 008 \*\*\*\*61.25



<b>DOCUMENT # N26985</b>			
1. Entity Name <b>SUNDANCE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>6340 SANTA FE DRIVE ZEPHYRHILLS FL 33542</b>		Mailing Address <b>6340 SANTA FE DRIVE ZEPHYRHILLS FL 33542</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BYRD, ESQ., O. KIM BYRD LEGAL COUNSEL PA 2102 W CLEVELAND ST TAMPA FL 33606</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code



1st MOORE CR2E037 (10/07)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BYRD, ESQ., O. KIM BYRD LEGAL COUNSEL PA 2102 W CLEVELAND ST TAMPA FL 33606</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required with resignation) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURTON, NICKOLS			NAME			
STREET ADDRESS	<del>0257 EAGLES NEST DR.</del>			STREET ADDRESS	<b>6130 Pueblo DR.</b>		
CITY-ST-ZIP	ZEPHYRHILLS FL 33542			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAROGUE, SONA			NAME			
STREET ADDRESS	6253 SANTA FE DR			STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33542			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TESLA, MICHAEL			NAME			
STREET ADDRESS	6127 PUEBLO DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33542			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>ROSADO, LUIS</del>			NAME	<b>Ruth Walker</b>		
STREET ADDRESS	<del>39334 KEITH CIR.</del>			STREET ADDRESS	<b>6155 Eagles Nest Dr.</b>		
CITY-ST-ZIP	<del>ZEPHYRHILLS FL 33542</del>			CITY-ST-ZIP	<b>Zephyrhills, FL 33542</b>		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEBEL, NANCY			NAME			
STREET ADDRESS	6247 SUNDANCE DR			STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33542			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKE, MARJORIE			NAME			
STREET ADDRESS	6213 SUNDANCE DR			STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL <del>3354</del>			CITY-ST-ZIP	<b>Zephyrhills FL 33542</b>		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. *see pg 2*

SIGNATURE: Nancy E. LeBel Nancy E. LeBel **5-1-08** **813-780-2797**

ATTACHMENT

Doc # 126985

40108658 Page 2

Sundance Homeowners Assn.

D Thomas Kruder  
6249 Eagles Nest Dr.  
Zephyrhills FL 33542

D

D Jack Gutekunst  
6148 Sundance Dr  
Zephyrhills FL 33542

D

Rodney (Jack) Gutekunst x change

D  
(new Director)

D

Paul Craft x change  
6252 Mission Viejo Dr  
Zephyrhills FL 33542