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Feb 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44879 (7)

1. Corporation Name

SUNDANCE RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

25445 STATE ROAD 46
SORRENTO FL 32776
US

Mailing Address

25445 STATE ROAD 46
SORRENTO FL 32776-9519
US



3. Date Incorporated or Qualified
08/28/1991

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

21 890 E. SR 434

Suite, Apt. #, etc.

22

City & State

23 Longwood Fla

Zip

Country

24 32750

25

2a. Mailing Address

26 890 E. S.R 434

Suite, Apt. #, etc.

27

City & State

28 Longwood Fla

Zip

Country

29 32750

30

4. FEI Number

59-2973093

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMAS, ED
880 E HWY. 434
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

ED THOMAS

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

890 E. SR 434

83

Longwood,

84 City

FL

85 Zip Code

32750

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, 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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

1/27/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMAS, ED
STREET ADDRESS 880 E HWY. 434
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE VD
NAME PAIT, STACEY
STREET ADDRESS 25445 STATE RD. 46
CITY-ST-ZIP SORRENTO FL

☐ DELETE

TITLE STD
NAME THOMAS, GAILE
STREET ADDRESS 808 DE LABASQUE
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

407
331-5231

CR2E037 (9/96)