2000 UNIFORM BUSINESS REPORT (UBR) Feb 22, 2000 8:00 am **DOCUMENT # N44879 Secretary of State** 1. Entity Name SUNDANCE RIDGE HOMEOWNERS' ASSOCIATION, INC. 02-22-2000 90043 033 ****70 00 Principal Place of Business Mailing Address 890 E. SR 434 890 E. SR 434 DUULJObö LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business P.O. Box 0863 3. Mailing Address P.O.BOX 0863 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For Somento City & State 4. FEI Number 59-2973093 rlorida Not Applicab Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THOMAS, ED 890 E. SR 434 LONGWOOD FL 32750 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change TITLE TITLE D Delete Jim Murphy NAME NAME THOMAS, ED 23416 SURSET NEW Dr. STREET ADDRESS STREET ADDRESS 880 E HWY. 434 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL TITLE ۷D Defete Dave Parham 23-110 Sundance Drive PAIT, STACEY NAME STREET ADDRESS STREET ADDRESS 25445 STATE RD. 46 Somento, FL 32776 CITY-ST-ZIP CITY-ST-ZIP SORRENTO FL Geofferey mc Guiness Change 🗶 Addit TITLE TITLE STD Delete THOMAS, GAILE 30838 Ridgecrist Terrace Somento, FL 32776 NAME STREET ADDRESS STREET ADDRESS **808 DE LABASQUE** CITY-ST-ZIP CITY-ST-ZIF LONGWOOD FL Addir Change ☐ Delete TITLE TITLE

12. I hereby certify that the information supplied with this fitting 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 direction 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 1 changed, or on an attachment with any didness, with all other like empowered.

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NHRED. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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23748 Sunset View Dr

Somento, FL 32776

Kim Garett

melissa Daile

Somente.

23824 Syndonce Drive

John cloutier revace

Someto, FL 32776

352-383-402.

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