

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90493 028 \*\*\*\*\*70.00

0024151

**DOCUMENT # N44879**

1. Entity Name

**SUNDANCE RIDGE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PO BOX 0863  
 SORRENTO FL 32776-0863  
 US

PO BOX 0863  
 SORRENTO FL 32776-0863  
 US

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

**59-2973093**

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

Name

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

City

**FL**

Zip Code

**THOMAS, ED  
 890 E. SR 434  
 LONGWOOD FL 32750**

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

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 PD  
 NAME DOYLE, MELISSA  
 STREET ADDRESS 23748 SUNSET VIEW DR  
 CITY-ST-ZIP SORRENTO FL 32776 ☒ Delete

TITLE P/D  
 NAME GEOFFREY MCGUINNESS  
 STREET ADDRESS 30838 RIDGECREST TERRACE  
 CITY-ST-ZIP SORRENTO, FL 32776 ☐ Change ☒ Addition

TITLE VP  
 NAME CLOUTIER, JOHN  
 STREET ADDRESS 30840 EASTRIDGE TERR  
 CITY-ST-ZIP SORRENTO FL 32776 ☒ Delete

TITLE V?  
 NAME BEV HARPER  
 STREET ADDRESS 30911 RIDGECREST TERRACE  
 CITY-ST-ZIP SORRENTO, FL 32776 ☐ Change ☒ Addition

TITLE S  
 NAME GARRETT, KIM  
 STREET ADDRESS 23824 SUNDANCE DR  
 CITY-ST-ZIP SORRENTO FL 32776 ☐ Delete

TITLE D  
 NAME LIZ KRAHENBUHL  
 STREET ADDRESS 23720 SUNDANCE DR  
 CITY-ST-ZIP SORRENTO, FL 32776 ☐ Change ☒ Addition

TITLE D  
 NAME MCGUINNESS, GEOFFREY  
 STREET ADDRESS 30838 RIDGE FOREST TERR  
 CITY-ST-ZIP SORRENTO FL 32776 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
 NAME PARHAM, DAVE  
 STREET ADDRESS 23710 SUNDANCE DR  
 CITY-ST-ZIP SORRENTO FL 32776 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT  
 NAME MURPHY, JIM  
 STREET ADDRESS 23416 SUNSET VIEW DR  
 CITY-ST-ZIP SORRENTO FL 32776 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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, or on all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/01

(352) 383-1739

Date

Daytime Phone #

CR2E037 (10/00)