

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44879

FILED
Feb 10, 2004
Secretary of State**Entity Name:** SUNDANCE RIDGE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**PO BOX 0863
SORRENTO, FL 327760863 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 0863
SORRENTO, FL 327760863 US**New Mailing Address:****FEI Number:** 59-2973093**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**KRAHENBUHL, ELIZABETH S/T/D
23720 SUNDANCE DRIVE
SORRENTO, FL 32776 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P/D () Delete
Name: PARHAM, DAVID
Address: 23710 SUNDANCE DRIVE
City-St-Zip: SORRENTO, FL 32776**Title:** VP/D () Delete
Name: COTE, DONALD
Address: 23544 SUNDANCE DRIVE
City-St-Zip: SORRENTO, FL 32776**Title:** ST/D () Delete
Name: KRAHENBUHL, ELIZABETH
Address: 23720 SUNDANCE DRIVE
City-St-Zip: SORRENTO, FL 32776**Title:** D () Delete
Name: HIPPS, JOHN
Address: 23621 SUNDANCE DRIVE
City-St-Zip: SORRENTO, FL 32776**Title:** D () Delete
Name: LITTLEJOHN, LOUISA
Address: 23619 SUNSET VIEW DRIVE
City-St-Zip: SORRENTO, FL 32776**Title:** D () Delete
Name: LAFFEY, SHELLY
Address: 30849 EASTRIDGE TERRACE
City-St-Zip: SORRENTO, FL 32776**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P/D (X) Change () Addition
Name: COTE, DONALD
Address: 23544 SUNDANCE DRIVE
City-St-Zip: SORRENTO, FL 32776**Title:** VP/D (X) Change () Addition
Name: LAFFEY, SHELLY
Address: 30849 EASTRIDGE TERRACE
City-St-Zip: SORRENTO, FL 32776**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: MILLIGAN, LISA
Address: 23346 SUNSET VIEW DRIVE
City-St-Zip: SORRENTO, FL 32776

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH KRAHENBUHL

ST/D

02/10/2004

Electronic Signature of Signing Officer or Director

Date

MARTHA JOHNS
23433 SUNSET VIEW DRIVE
SORRENTO, FLORIDA 32776