

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N95000001742**

1. Corporation Name

**SUNDANCE AT THE ECON HOMEOWNERS ASSOC., INC.**

Principal Place of Business

**9548 SUNDANCE COURT  
ORLANDO FL 32825-5479  
US**

Mailing Address

**9548 SUNDANCE COURT  
ORLANDO FL 32825-5479  
US****FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90057 028 \*\*\*\*61.25

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2. Principal Place of Business

**21 9561 Sundance Court**

Suite, Apt. #, etc.

**22**

City &amp; State

**23 Orlando FL**

Zip

**24 32825**

Country

**25 US**

2a. Mailing Address

**26 9561 Sundance Court**

Suite, Apt. #, etc.

**27**

City &amp; State

**28 Orlando FL**

Zip

**29 32825**

Country

**30 US**

3. Date Incorporated or Qualified

**04/07/1995**

4. FEI Number

**59-3429525**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**HAWKINS, GLENN A  
9548 SUNDANCE COURT  
ORLANDO FL 32825**

10. Name and Address of New Registered Agent

81 Name

**Kim Johnston**

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

**9561 Sundance Court**

83

**Orlando FL 32825**

84 City

**FL**

85 Zip Code

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, or 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

*Kim Johnston*  
Signature, typed or printed name of registered agent and title if applicable.**Kim Johnston****2/10/99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE**HAWKINS, GLENN A  
9548 SUNDANCE COURT  
ORLANDO FL**TITLE **DVP** ☒ DELETE**MARSHALL, GEORGE  
9536 SUNDANCE COURT  
ORLANDO FL**TITLE **SDTA** ☒ DELETE**RICHE, CEASOR  
9566 SUNDANCE COURT  
ORLANDO FL**TITLE ☒ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition**DP  
Kim Johnston  
9561 Sundance Court  
Orlando FL 32825**2.1 TITLE ☐ Change ☒ Addition**DVP  
Kristin Marshall  
9536 Sundance Court  
Orlando FL 32825**3.1 TITLE ☐ Change ☒ Addition**Secretary/Treasurer  
Jennifer Hawkins  
9548 Sundance Court  
Orlando FL 32825**4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Kim Johnston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Kim Johnston 2/10/99**

Date

Daytime Phone #

CR2E037 (11/98)