

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/8

**FILED**

**May 02, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90132 016 \*\*\*\*61.25

**DOCUMENT # N95000001742**

1. Entity Name

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

Principal Place of Business

Mailing Address

9561 SUNDANCE COURT  
ORLANDO FL 32825-5479  
US

9561 SUNDANCE COURT  
ORLANDO FL 32825-5479  
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

**59-3429525**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSTON, KIM**  
**9561 SUNDANCE COURT**  
**ORLANDO FL 32825**

Name

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

City

**FL**

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

*Kim Johnston*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-3-00**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**JOHNSTON, KIM**  
**9561 SUNDANCE COURT**  
**ORLANDO FL 32825** ☐ Delete *KJ*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP**  
**MARSHALL, KRISTIN**  
**9536 SUNDANCE COURT**  
**ORLANDO FL 32825** ☐ Delete *KMY*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**HAWKINS, JENNIFER**  
**9548 SUNDANCE COURT**  
**ORLANDO FL 32825** ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kim Johnston*

Date

Daytime Phone #

**3-7-00**

**407-384-8206**