

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90056 019 ****61.25

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1. Entity Name

SUNDANCE AT THE ECON HOMEOWNERS ASSOC., INC.



Principal Place of Business

**9561 SUNDANCE COURT
ORLANDO FL 32825-5479
US**

Mailing Address

**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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kim Johnston **Kim Johnston**

4-12-04

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **DVP** ☒ Delete
NAME **RAILA, ANGELA**
STREET ADDRESS **9567 SUNDANCE COURT**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **ST** ☒ Delete
NAME **HAWKINS, GLENN**
STREET ADDRESS **9548 SUNDANCE COURT**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DVP** ☒ Change ☐ Addition
NAME **Chad McMillen**
STREET ADDRESS **9536 Sundance Ct.**
CITY-ST-ZIP **Orlando FL 32825**

TITLE **ST** ☒ Change ☐ Addition
NAME **Jennifer Hawkins**
STREET ADDRESS **9548 Sundance Ct.**
CITY-ST-ZIP **Orlando FL 32825**

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

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

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

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, with all other like empowered.

SIGNATURE:

Kim Johnston **Kim Johnston**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-04 407-571-3450