2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N97000003028

1. Entity Name
SUNDANCE PROPERTY OWNERS ASSOCATION INC.

FILED
06 MAY 26 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2713 SUNDANCE AVE MULBERRY, FL 33860 US	P.O. BOX 7263 LAKELAND, FL 33807-7263 US

05202006 Chg-NP CR2E037 (4/06)

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
59-3505781
☐ 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
CAMILLERI, ALAN R 2713 SUNDANCE PLACE MULBERRY, FL 33860	Name ALBERT SLOAN, JR. Street Address (P.O. Box Number is Not Acceptable) 2689 SUNDANCE PLACE City MULBERRY FL Zip Code 33860

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: [signature] 5/23/06
Signature required when adding name of registered agent and/or changing address. Registered agent signature required when changing.

Amended AR is $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SEC SEBENA, PAUL 2704 SUNDANCE PLACE MULBERRY, FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 200076163762 06/14/06--01005--017 **61.25
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD CAMILLERI, ALAN ROY 2713 SUNDANCE PLACE MULBERRY, FL 33860	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 9/6/5
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GROSS, MATTHEW 2705 SUNDANCE PLACE MULBERRY, FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP JOHNSON, ERIC 2593 SUNDANCE CIRCLE MULBERRY, FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRES SLOAN, ALBERT E JR 2689 SUNDANCE CIRCLE MULBERRY, FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD WILLIS, BRIDGETT 2698 SUNDANCE CIRCLE MULBERRY, FL 33860	☐ 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 exemptions contained in Chapter 119, 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 a blank like empowered.

SIGNATURE: [signature] 5/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

SEE ATTACHMENT

ADDITIONAL PRINCIPALS

SIGNATURE ______________________________

Amended AR is $61.25	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		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D TEANEY, JACK 2669 SUNDANCE CIRCLE MULBERRY, FL 33860	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BENNETT, GARY 2712 SUNDANCE PLACE MULBERRY FL 33860	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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SIGNATURE: ______________________________

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR