

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90430 027 \*\*\*\*61.25

**DOCUMENT # N98000005756**

1. Entity Name

**SUNDANCE VILLAGE I, PHASE TWO HOMEOWNERS ASSOCIA**

Principal Place of Business

Mailing Address

120 ALLAMANDA DR  
 LAKELAND FL 33803

120 ALLAMANDA DR  
 LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

P.O. Box 7263  
 Suite, Apt. #, etc.

P.O. Box 7263  
 Suite, Apt. #, etc.

City & State

City & State

LAKELAND FL  
 Zip 33807 Country US

LAKELAND FL  
 Zip 33807 Country US



DO NOT WRITE IN THIS SPACE

58-2497335

FEI Number

APPLIED FOR

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

STEPHENS, D K  
 120 ALLAMANDA DR  
 LAKELAND FL 33803

Name: ALAN R CAMILLERI  
 Street Address (P.O. Box Number is Not Acceptable): 2713 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.

SIGNATURE: Alan R Camilleri 6-8-01  
 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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	TODD, M A	
STREET ADDRESS	120 ALLAMANDA DR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TYLER, DONNIE L	
STREET ADDRESS	5397 N. SOCRUM LOOP RD.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEPHENS, DONALD K	
STREET ADDRESS	120 ALLAMANDA DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED VILLANUEVA	
STREET ADDRESS	2630 SUNDANCE CR.	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINA BURNS	
STREET ADDRESS	2585 SUNDANCE CR.	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY FAULKNER	
STREET ADDRESS	2609 SUNDANCE CR.	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLOS TETECA	
STREET ADDRESS	2634 SUNDANCE CR.	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE MIZELL	
STREET ADDRESS	2642 SUNDANCE CR.	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with other than I am empowered.

SIGNATURE:

6-8-01 (863) 644-6413

CR2E037 (10/00)