


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90046 046 \*\*\*\*61.25

<b>DOCUMENT # N99000006461</b> 1. Entity Name <b>SUNDANCE TRAILS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>236 SUNDANCE TRL WIMAUMA, FL 33598</b>			Mailing Address <b>PO BOX 6021 SUN CITY CENTER, FL 33571</b>		
2. Principal Place of Business <b>PO Box 6021</b>			3. Mailing Address  		
Suite, Apt. #, etc.  			Suite, Apt. #, etc.  		
City & State <b>Sun City Center, FL</b>			City & State  		
Zip <b>33571</b>			Country  		
4. FEI Number <b>65-1085163</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>LYNN, ALLANNA 408 RIVER BED CT. WIMAUMA, FL 33598</b>			7. Name and Address of New Registered Agent Name <b>Timothy Preiser</b> Street Address (P.O. Box Number is Not Acceptable) <b>702 51ST ST. E. APT 1519B</b> City <b>Bradenton</b> <b>FL</b> Zip Code <b>34208</b>		
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 <u><i>Timothy Preiser</i></u> DATE <u>11/17/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	Delete	TITLE	NAME	Delete
	PD LYNN, ALLANNA	<input checked="" type="checkbox"/>		President/Director Timothy Preiser	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	408 RIVER BED CT		STREET ADDRESS	702 51ST ST. E. APT 1519B	
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP	BRADENTON, FL 34208	
	VPD	<input type="checkbox"/>		SECRETARY MELINDA PREISER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GULLETT, HOLLI		NAME	702 51ST ST. E. APT 1519B	
STREET ADDRESS	PO BOX 113		STREET ADDRESS	BRADENTON, FL 34208	
CITY-ST-ZIP	PARRISH, FL 34219		CITY-ST-ZIP		
	STD	<input checked="" type="checkbox"/>		TREASURER/DIRECTOR CINDY SURGEON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHADWICK, MARY		NAME	1708 SURREY TRL	
STREET ADDRESS	236 SUNDANCE TRL		STREET ADDRESS	WIMAUMA, FL 33598	
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP		
	D	<input checked="" type="checkbox"/>		DIRECTOR KRISTI ALLEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIMBS, DAVID		NAME	3105 TURKEY WALK LN	
STREET ADDRESS	607 BUTCH CASSIDY TRL		STREET ADDRESS	WIMAUMA, FL 33598	
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP		
	D	<input checked="" type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREISER, TIMOTHY		NAME		
STREET ADDRESS	702 51ST ST E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP		
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: <u>Cindy Surgeon</u>				Date <u>1-17-06</u> Daytime Phone # <u>813 633-7051</u>	