

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90195 024 ****61.25

DOCUMENT # N99000006461

1. Entity Name
SUNDANCE TRAILS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
POB 6021
SUN CITY CENTER, FL 33571

Mailing Address
PO BOX 6021
SUN CITY CENTER, FL 33571

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1085163

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PREISER, TIMOTHY
702 51ST ST, E APT 1519B
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name **PREISER, TIMOTHY**
Street Address (P.O. Box Number is Not Acceptable)

3104 TURKEY WALK LN

City **WIMAUMA**

FL

Zip Code **33598**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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 **PD** ☐ Delete
NAME **PREISER, TIMOTHY**
STREET ADDRESS **702 51ST ST E APT 1519B**
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE **VPD** ☒ Delete
NAME **GULLETT, HOLLI**
STREET ADDRESS **PO BOX 113**
CITY-ST-ZIP **PARRISH, FL 34219**

TITLE **TD** ☒ Delete
NAME **SURGEON, CINDY**
STREET ADDRESS **1708 SURREY TRAIL**
CITY-ST-ZIP **WIMAUMA, FL 33598**

TITLE **D** ☒ Delete
NAME **ALLEN, KRISTI**
STREET ADDRESS **3105 TURKEY WALK LN**
CITY-ST-ZIP **WIMAUMA, FL 33598**

TITLE **S** ☐ Delete
NAME **PREISER, MELINDA**
STREET ADDRESS **702 51ST E APT 1519B**
CITY-ST-ZIP **WIMAUMA, FL 33598**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition
NAME **PREISER, TIMOTHY**
STREET ADDRESS **3104 TURKEY WALK LN.**
CITY-ST-ZIP **WIMAUMA, FL 33598**

TITLE **S/T/D** ☐ Change ☒ Addition
NAME **CHADWICK, MARY**
STREET ADDRESS **236 SUNDANCE TRL.**
CITY-ST-ZIP **WIMAUMA, FL 33598**

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **PREISER, MELINDA**
STREET ADDRESS **3104 TURKEY WALK LN**
CITY-ST-ZIP **WIMAUMA, FL 33598**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #