2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2004 8:00 am DOCUMENT # V08056 Secretary of State 1. Entity Name 05-04-2004 90195 024 ***150.00 SUNDANCE PROPERTY MANAGEMENT CORPORATION Princi®al Place of Business Mailing Address 11510 W SAMPLE RD 11510 W SAMPLE RD CORAL SPGS FL 33065 CORAL SPGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0339208 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOUTT, GLENN R., IIII Street Address (P.O. Box Number is Not Acceptable) 11510 W SAMPLE RD #5 CORAL SPGS FL 33065 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CFO TITLE ☐ Delete Change ___ Addition TITLE STOUTT, GLENN R., III NAME NAME STREET ADDRESS 11510 W SAMPLE RD STE 5 STREET ADDRESS CORAL SPG FL 33065 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE IEFF LAWRENCE NAME NAMÉ 11510 W. SAMPLE RO. #5 STREET ADDRESS STREET ADDRESS ORAL SPRINGS FL. 33065 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition TITLE 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplier ental 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 trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an argachment with an address, with all other the empowered.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

GLEAN STOUT, M OEC

4.24.04

FILED

954-255-683

Daytime Phone #