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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortkani
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL -3 AM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V41480 (7)

1. Corporation Name
SUNDANCE REALTY, INC.



Principal Place of Business: 9040 BONITA BEACH RD. BONITA SPRINGS FL 33823 US
Mailing Address: 9040 BONITA BEACH RD. BONITA SPRINGS FL 34135-4237 US

3. Date Incorporated or Qualified: 06/05/1992
3a. Date of Last Report: 08/09/1996
4. FEI Number: 65-0343183
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
HATCHER, JAMES R.
9040 BONITA BEACH RD.
SUNSHINE PLAZA
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent
81 Name: Sandra C. Gallimore
82 Street Address (P.O. Box Number is Not Acceptable): 9040 Bonita Beach Rd.
83 Sunshine Plaza
84 City: Bonita Spings FL 85 Zip Code: 34135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Dorothy J. Roach* *Sandra C. Gallimore* 6/29/97 6/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PTD	<input checked="" type="checkbox"/>
NAME	HATCHER, JAMES R	
STREET ADDRESS	9772 W TERRY ST	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	VPS	<input type="checkbox"/>
NAME	GALLIMORE, SANDRA C.	
STREET ADDRESS	27705 FORRESTER DR.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VPS and Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Dorothy Roach		
1.3 STREET ADDRESS	4725 Tahiti Drive		
1.4 CITY-ST-ZIP	Bonita Springs, Fl. 34134		
2.1 TITLE	PTD and Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Gallimore, Sandra C.		
2.3 STREET ADDRESS	27705 Forrester Dr.		
2.4 CITY-ST-ZIP	Bonita Springs, FL 34134	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)