


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758333 (9)**  
1. Corporation Name  
**DUNMAR ESTATES HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>655 DUNMAR CIRCLE WINTER SPRINGS FL 32708 US</b>	Mailing Address <b>655 DUNMAR CIRCLE WINTER SPRINGS FL 32708 US</b>
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3. Date Incorporated or Qualified <b>05/13/1981</b>	Applied For
4. FEI Number <b>59-2251033</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**ACHA, WENDY  
587 DUNMAR CIRCLE  
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, SHIRLEY	
STREET ADDRESS	600 TINA LANE	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, MICHAEL	
STREET ADDRESS	560 DUNMAR CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ACHA, WENDY	
STREET ADDRESS	587 DUNMAR CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BISCHOF, BARBARA	
1.3 STREET ADDRESS	598 DUNMAR CIRCLE	
1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BARNHILL, DAVID	
2.3 STREET ADDRESS	593 DUNMAR CIRCLE	
2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	ADD ZIP 32708	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wendy K Acha WENDY K ACHA 4/24/98 407/695-1209

CR2E037 (10/97)