


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90048 020 \*\*\*\*70.00

**DOCUMENT # 758333**

1. Entity Name  
**DUNMAR ESTATES HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**655 DUNMAR CIRCLE**  
**WINTER SPRINGS, FL 32708 US**

Mailing Address  
**655 DUNMAR CIRCLE**  
**WINTER SPRINGS, FL 32708 US**

50009601



2. Principal Place of Business  
**655 DUNMAR Circle**  
 Suite, Apt. #, etc.

3. Mailing Address  
**655 DUNMAR Circle**  
 Suite, Apt. #, etc.

01162005 Chg-NP CR2E037 (10/03)

City & State  
**Winter Springs, FL**

City & State  
**Winter Spring, FL**

Zip  
**32708**

Zip  
**32708**

4. FEI Number  
**59-2251033**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**TAYLOR, LARRY**  
**552 DUNMAR CIRCLE**  
**WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 Larry W. Taylor **LARRY W. TAYLOR** Jan 16, 2005  
Signature, type 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, 2005**

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 SD	<input checked="" type="checkbox"/> Delete
NAME JACOBSON, ANGELA	
STREET ADDRESS 545 JULIE LANE	
CITY-ST-ZIP WINTER SPRINGS, FL 32708	
TITLE TD	<input type="checkbox"/> Delete
NAME TAYLOR, LARRY	
STREET ADDRESS 552 DUNMAR CIRCLE	
CITY-ST-ZIP WINTER SPRINGS, FL 32708	
TITLE <del>TD</del> <b>President</b>	<input type="checkbox"/> Delete
NAME MCLEOD, DAVID	
STREET ADDRESS 645 DUNMAR CIRCLE	
CITY-ST-ZIP WINTER SPRINGS, FL 32708	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Scott Stuart Auerbach</b>	
STREET ADDRESS <b>590 Dunmar Circle</b>	
CITY-ST-ZIP <b>Winter Springs, FL 32708</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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.

Larry W. Taylor **Jan 16, 2005**