

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90068 050 \*\*\*\*70.00

|  |                          |  |  |  |  |
|--|--------------------------|--|--|--|--|
| <b>DOCUMENT # 758333</b>   |                          |  |  |         |  |
| 1. Entity Name<br>DUNMAR ESTATES HOMEOWNER'S ASSOCIATION, INC.   |                          |  |  |  |  |
| Principal Place of Business<br>655 DUNMAR CIRCLE<br>WINTER SPRINGS, FL 32708 US  |                          | Mailing Address<br>655 DUNMAR CIRCLE<br>WINTER SPRINGS, FL 32708 US              |  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                          | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |                          | Suite, Apt. #, etc.  |  |  |  |
| City & State   |                          | City & State   |  |  |  |
| Zip  |                          | Country  |  | 4. FEI Number<br>59-2251033  |  |
|  |                          |  |  | Applied For<br>Not Applicable  |  |
|  |                          |  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                          |  | 7. Name and Address of New Registered Agent                                    |  |  |
| TAYLOR, LARRY<br>552 DUNMAR CIRCLE<br>WINTER SPRINGS, FL 32708   |                          |  | Name<br><b>BARBARA BISHOF</b>  |  |  |
|  |                          |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>576 DUNMAR CIRCLE</b> |  |  |
|  |                          |  | City<br><b>WINTER SPRINGS</b>  |  |  |
|  |                          |  | State<br><b>FL</b>   |  |  |
|  |                          |  | Zip Code<br><b>32708</b>   |  |  |
| 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 <i>Barbara Bischof</i>   |                          | DATE <b>3/28/07</b>  |  |  |  |
| Signature, typed or printed name of registered agent and title if applicable.  |                          | (NOTE: Registered Agent signature required when reinstating)                     |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |                          | 9. Election Campaign Financing Trust/Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
|  |                          |  |  | <b>Make check payable to Florida Department of State</b>                                 |  |
| 10. OFFICERS AND DIRECTORS   |                          |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                          |  |  |
| TITLE  | S                        | <input checked="" type="checkbox"/> Delete                                       | TITLE  | MRS. DAVID McLEOD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | LINN, ELIZABETH          |  | NAME   | <b>645 DUNMAR CIRCLE</b>   |  |
| STREET ADDRESS   | 585 DUNMAR CIRCLE        |  | STREET ADDRESS   | <b>WINTER SPRINGS, FL 32708</b>  |  |
| CITY-ST-ZIP  | WINTER SPRINGS, FL 32708 |  | CITY-ST-ZIP  |  |  |
| TITLE  | TD                       | <input checked="" type="checkbox"/> Delete                                       | TITLE  | MRS. BARBARA BISHOF  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | TAYLOR, LARRY            |  | NAME   | <b>576 DUNMAR CIRCLE</b>   |  |
| STREET ADDRESS   | 552 DUNMAR CIRCLE        |  | STREET ADDRESS   | <b>WINTER SPRINGS, FL 32708</b>  |  |
| CITY-ST-ZIP  | WINTER SPRINGS, FL 32708 |  | CITY-ST-ZIP  |  |  |
| TITLE  | P                        | <input checked="" type="checkbox"/> Delete                                       | TITLE  | MR. STUART AUBREY  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | AEHA, GEORGE             |  | NAME   | <b>588 DUNMAR CIRCLE</b>   |  |
| STREET ADDRESS   | 587 DUNMAR CIRCLE        |  | STREET ADDRESS   | <b>WINTER SPRINGS, FL 32708</b>  |  |
| CITY-ST-ZIP  | WINTER SPRINGS, FL 32708 |  | CITY-ST-ZIP  |  |  |
| TITLE  |                          | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                          |  | NAME   |  |  |
| STREET ADDRESS   |                          |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                          |  | CITY-ST-ZIP  |  |  |
| TITLE  |                          | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                          |  | NAME   |  |  |
| STREET ADDRESS   |                          |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                          |  | CITY-ST-ZIP  |  |  |
| TITLE  |                          | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                          |  | NAME   |  |  |
| 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 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: <i>Barbara Bischof</i>  |                          | DATE: <b>3/28/07</b>   |  | DAYTIME PHONE: <b>4076951650</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                          | Date   |  | Daytime Phone #  |  |