

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90015 048 ****70.00



DOCUMENT # 758333
 1. Entity Name
DUNMAR ESTATES HOMEOWNER'S ASSOCIATION, INC.

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



03172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2251033	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BISCHOF, BARBARA
 598 DUNMAR CIRCLE
 WINTER SPRINGS, FL 32708

DO NOT WRITE IN THIS SPACE

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 *Barbara Bischof* DATE 3/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCLEOD, DAVID
STREET ADDRESS	645 DUNMAR CIRCLE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	T
NAME	BISCHOF, BARBARA
STREET ADDRESS	598 DUNMAR CIRCLE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	S <i>AUERBACH</i>
NAME	AUERBACH , STUART
STREET ADDRESS	588 DUNMAR CIRCLE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Barbara Bischof* Date 3/17/08 Daytime Phone # 407-695-1680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA BISCHOF