


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90020 040 ***150.00

DOCUMENT # J67340			
1. Entity Name DUNEDIN PALMS HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 130 PATRICIA AVE LOT 19 DUNEDIN FL 34698 US		Mailing Address 130 PATRICIA AVE LOT 19 DUNEDIN FL 34698 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	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> 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	
KERNS, WILDA 130 PATRICIA AVE # 1 DUNEDIN FL 34698		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	<input checked="" type="checkbox"/> Delete	TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOLTZCLAW, TOLLIE		NAME: Ruth Wilkes	
STREET ADDRESS: 130 PATRICIA AVE, #44		STREET ADDRESS: 130 Patricia Ave. # 85	
CITY-ST-ZIP: DUNEDIN FL 34698		CITY-ST-ZIP: Dunedin, FL. 34698	
TITLE: S	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KERNS, WILDA		NAME:	
STREET ADDRESS: 130 PATRICIA AVE., #1		STREET ADDRESS:	
CITY-ST-ZIP: DUNEDIN FL 34698		CITY-ST-ZIP:	
TITLE: T	<input checked="" type="checkbox"/> Delete	TITLE: T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VANNORMAN, MARVEL		NAME: George Leone	
STREET ADDRESS: 130 PATRICIA AVE., # 62		STREET ADDRESS: 130 Patricia Ave. # 23	
CITY-ST-ZIP: DUNEDIN FL 34698		CITY-ST-ZIP: Dunedin, FL. 34698	
TITLE: VP	<input checked="" type="checkbox"/> Delete	TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BICE, JOSEPH		NAME: TOLLIE HOLTZCLAW	
STREET ADDRESS: 130 PATRICIA AVE., # 122		STREET ADDRESS: 130 Patricia Ave. # 44	
CITY-ST-ZIP: DUNEDIN FL 34698		CITY-ST-ZIP: Dunedin, FL. 34698	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JANES, ROBERT		NAME:	
STREET ADDRESS: 130 PATRICIA AVE., #36		STREET ADDRESS:	
CITY-ST-ZIP: DUNEDIN FL 34698		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BICE, JUDY		NAME:	
STREET ADDRESS: 130 PATRICIA AVE., #122		STREET ADDRESS:	
CITY-ST-ZIP: DUNEDIN FL 34698		CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Wilda Kerns Wilda Kerns 2-16-07 727-734-2169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #