
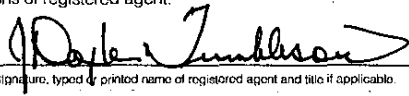
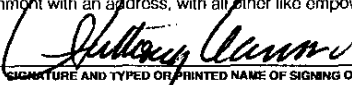


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90020 035 ****61.25

DOCUMENT # N02000006360			
1. Entity Name DUNMORE AT HALIFAX PLANTATION HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119		Mailing Address 1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119	
2. Principal Place of Business 4000 Old Dixie Highway		3. Mailing Address 4000 Old Dixie Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ormond Beach, FL		City & State Ormond Beach, FL	
Zip 32174	Country	Zip 32174	Country
4. FEI Number 22-2884130		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 BARKIN, MICHELE 1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119		7. Name and Address of New Registered Agent Name Tumbleson, J.D. Street Address (P.O. Box Number is Not Acceptable) 150-A South Palmetto Avenue City Daytona Beach, FL Zip Code 32114	
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:  J. Doyle Tumbleson		Date: 1/20/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP <input type="checkbox"/> Delete	NAME: KLEIN, TIMOTHY R	TITLE: PTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Uanano, Anthony
STREET ADDRESS: 7120 E ORCHARD ROAD SUITE 210	CITY-ST-ZIP: CENTENNIAL, CO 80111	STREET ADDRESS: 3400 Clubhouse Drive	CITY-ST-ZIP: Ormond Beach, FL 32174
TITLE: DS <input checked="" type="checkbox"/> Delete	NAME: MARZANO, CARLO	TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Rodgers, Ann
STREET ADDRESS: 7120 E ORCHARD ROAD SUITE 210	CITY-ST-ZIP: CENTENNIAL, CO 80111	STREET ADDRESS: 4000 Old Dixie Highway	CITY-ST-ZIP: Ormond Beach, FL 32174
TITLE: DVT <input type="checkbox"/> Delete	NAME: WENGH, THOMAS	TITLE: DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Jarosik, Tom
STREET ADDRESS: 7120 E ORCHARD ROAD SUITE 210	CITY-ST-ZIP: CENTENNIAL, CO 80111	STREET ADDRESS: 4000 Old Dixie Highway	CITY-ST-ZIP: Ormond Beach, FL 32174
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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.			
SIGNATURE:  Anthony Uanano		Date: January 22, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	