## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

(2)

DUNBAR WOODS CONDOMINIUM NO. 1 ASSOCIATION, INC.

**FILED** Feb 26 1998 8:00am Secretary of State

F (CONTRA DE) ANDES ANTO TOTAL PRIOR TRACTOR DIGIT DEPER BROW DIGIT DESCRIPTION

Principal Place of Business Mailing Address			r seamen om delen omdi serea stiff lots Gren distri biell brûtt brûtt ûtût. 1861			
7100 FARWAY DRIVE. #29 PALM BEACH GARDENS FL 33418	7100 FAIRWAY DRIVE. #29 PALM BEACH GARDENS FL 33418		3. Date Incorporated or Qualified  10/24/1984  4. FEI Number			
			59-249 1942	Applied For Not Applicable		
2. Principal Place of Business 21 300 AVENUE OF CHAMPIONS	28. Malling Address 28. 300 AVENUE OF CH	AMPIONS	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State  PALM BEACH GARDENS, FL	City & State  28 PALM BEACH GARDE	NS, FL	7. Is this nonprofit corporation a homeowners Yes			
Zip Country 24 25	29 30	untry	This corporation owes or has paid the curre Personal Property Tax due June 30.      X	ent year Intangible ] Yes   No		
9. Name and Address of Current	Registered Agent		<ol><li>Name and Address of New Registered A</li></ol>	gent		
QUEEN, SUSAN M. 7100 FAIRWAY DRIVE, #29		300	ress (P.O. Box Number is Not Acceptable) AVENUE OF CHAMPIONS			
PALM BEACH GARDENS FL 33418		84 City		85 Zip Code		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

agent. i a	m ramiliar with, and accept the obligations of, Si	ection 617.0503, Flo	rida Statutes.			_
SIGNATURE .	Signature, typed or printed name of registered agent and title if ap	policable (NOTE	: Registered Agent signatur	e required when reinstating) DATE		
12.	OFFICERS AND DIRECTO	. ,	13.	ADDITIONS/CHANGES TO OFFICERS A		S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	SALA, THOMAS		1,2 NAME		41	
STREET ADDRESS	7100 FAIRWAY DRIVE #29		1.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS		İ
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP	des inches of characters		
TITLE	DST	DELETE	2.1 TITLE		Change	Addition
NAME	PARKER, W A JR		2.2 NAME			
STREET ADDRESS	7100 FAIRWAY DRIVE #29		2.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS	3	
CITY-ST-ZIP	PALM BEACH GARDENS FL		2. 4 CITY-ST-ZIP			
TITLE	V/D	DELETÉ	3.1 TITLE		Change	Addition
NAME	THOMAS, GARY		3.2 NAME		-	
STREET ADDRESS	7100 FAIRWAY DRIVE #29		3.3 STREET ADDRESS	300 AVENUE OF CHAMPIONS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			Ì
STREET ADDRESS			6.3 STREET ADDRESS			
0127 02 310						

14. 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 annual 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment trusted address.

2/20/98