

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05837 (2)**

1. Corporation Name  
**DUNBAR WOODS CONDOMINIUM NO. 1 ASSOCIATION, INC.**



Principal Place of Business <b>7100 FAIRWAY DRIVE #29 PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>7100 FAIRWAY DRIVE #29 PALM BEACH GARDENS FL 33418</b>
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3. Date Incorporated or Qualified <b>10/24/1984</b>	
4. FEI Number <b>59-2491942</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>300 AVENUE OF CHAMPIONS</b> Suite, Apt. #, etc.	2a. Mailing Address 28 <b>300 AVENUE OF CHAMPIONS</b> Suite, Apt. #, etc.
22 City & State 23 <b>PALM BEACH GARDENS, FL</b>	27 City & State 28 <b>PALM BEACH GARDENS, FL</b>
24 Zip 25	29 Zip 30 Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**QUEEN, SUSAN M.  
7100 FAIRWAY DRIVE, #29  
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) <b>300 AVENUE OF CHAMPIONS</b>	
83	
84 City <b>FL</b>	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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SALA, THOMAS</b>	
STREET ADDRESS	<b>7100 FAIRWAY DRIVE #29</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	<b>PARKER, W A JR</b>	
STREET ADDRESS	<b>7100 FAIRWAY DRIVE #29</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, GARY</b>	
STREET ADDRESS	<b>7100 FAIRWAY DRIVE #29</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>300 AVENUE OF CHAMPIONS</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>300 AVENUE OF CHAMPIONS</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>300 AVENUE OF CHAMPIONS</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 or supplemental 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 trustee 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 to this address.

SIGNATURE: \_\_\_\_\_ 2/26/98

CP2E037 (10/97)