

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2000 8:00 am
Secretary of State

06-15-2000 90004 025 ****70.00
 04-20-2000 90036 011 ****70.00

00064499

DO NOT WRITE IN THIS SPACE

DOCUMENT # NOS837 R

1. Entity Name
 Dunbar Woods Condominium #4

Principal Place of Business **Mailing Address**

300 Avenue of the Champions
 Palm Beach Gardens, Florida 33418

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2491942 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Susan M Queen
 300 Avenue of the Champions
 Palm Beach Gardens, Florida 33418

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|---------------------------------|
| P | <input type="checkbox"/> Delete |
| TITLE | |
| NAME | Ron Miller |
| STREET ADDRESS | 300 Ave of the Champions |
| CITY-ST-ZIP | Palm Beach Gardens, Fl 33418 |
| VP | <input type="checkbox"/> Delete |
| TITLE | |
| NAME | Gerda Bleckmann |
| STREET ADDRESS | 300 Ave of the Champions |
| CITY-ST-ZIP | Palm Beach Gardens, Fl 33418 |
| S | <input type="checkbox"/> Delete |
| TITLE | |
| NAME | Stanley Stahura |
| STREET ADDRESS | 300 Ave of the Champions |
| CITY-ST-ZIP | Palm Beach Gardens, Fl 33418 |
| T | <input type="checkbox"/> Delete |
| TITLE | |
| NAME | Carl WEISSMAN |
| STREET ADDRESS | 300 Ave of the Champions |
| CITY-ST-ZIP | Palm Beach Gardens, Fl 33418 |
| T | <input type="checkbox"/> Delete |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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 trustee 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 another like empowered.

SIGNATURE: *Ronald M. Miller*

CR2E037 (9/99)