
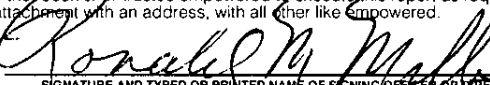


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90716 031 ****70.00

| | | | | | |
|---|-------------------------------------|--|---|---|--|
| DOCUMENT # N05837 1. Entity Name DUNBAR WOODS CONDOMINIUM NO. 1 ASSOCIATION, INC. | | | |  | |
| Principal Place of Business: 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 US | | | | Mailing Address: 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 US | |
| 2. Principal Place of Business | | 3. Mailing Address | | 03152004 Chg-NP CR2E037 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-2491942 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | | Country | | 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 | |
| QUEEN, SUSAN M. 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 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 | STD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MILLER, RON | | NAME | | |
| STREET ADDRESS | 300 AVE OF THE CHAMPIONS | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | CITY-ST-ZIP | | |
| TITLE | PD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THOMAS, GARY | | NAME | | |
| STREET ADDRESS | 300 AVE OF THE CHAMPIONS | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | CITY-ST-ZIP | | |
| TITLE | VD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KENNY, SUSAN | | NAME | | |
| STREET ADDRESS | 300 AVE. OF CHAMPIONS | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date _____ Daytime Phone # _____ | |