

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90107 026 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302008

Chg-NP

CR2E037 (12/06)

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME - **MULDERIG, LEE** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **1713 RIO VISTA DR
FORT PIERCE, FL 34949**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **300 Avenue of the Champions #120**
CITY-ST-ZIP **Palm Beach Gardens FL 33418**

TITLE
NAME - **P** ☐ Delete
STREET ADDRESS **PACKARD, KAREN**
CITY-ST-ZIP **1111 DUNCAN CIRCLE #102
PALM BEACH GARDENS, FL 33418**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **300 Avenue of the Champions #120**
CITY-ST-ZIP

TITLE
NAME - **D** ☐ Delete
STREET ADDRESS **ROBINSON, TODD**
CITY-ST-ZIP **300 AVE. OF CHAMPIONS
PALM BEACH GARDENS, FL 33418**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME - **S** ☒ Delete
STREET ADDRESS **MCBRIDE, NANCY**
CITY-ST-ZIP **1107 DUNCAN CIRCLE
PALM BEACH GARDENS, FL 33418**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #